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Minnesota Bedlam

Makeshifts Mark Hospitals' Care

This is the eighth of a series of stories describing conditions in Minnesota mental hospitals. Geri Hoffner, Tribune writer, and Arthur Hager, Tribune photographer, visited all of the seven state hospitals.

By Geri Hoffner, Minneapolis Tribune Staff Writer

Superintendents are attempting to make the best of shortages and inadequacies found in Minnesota's seven mental hospitals.

If a hospital has an insufficient number of bathtubs, the staff must put chairs under showers so that aged patients will not slip and break fragile bones.

If the ceiling in a ward is beginning to peel away, beds must be shoved closer together to avoid falling plaster.

If there isn't a room available to hold a daily clinic, then some space must be found--maybe it will mean converting a broom and mop storage closet.

Many Makeshifts

We saw all these—and more--makeshift arrangements in our three-week tour through the state's mental hospitals.

Our mental institutions are approximately 22 percent overcrowded. If they fulfilled the required standards of 50 square feet per bed, they would have room for 8,633 patients.

The hospitals now have many of the 10,500 men and women living and sleeping in gloomy attics and narrow hallways.

That figure--10,500--takes on meaning when you remember that's about the population of Fergus Falls; it counts up to more than all the people in Bemidji and Red Wing and it's just about twice the number of people in St. Peter.

Add this serious overcrowding to the fact that most of our state institutions are more than 40 years old and have few modern hospital conveniences.

One Bathtub for 60

One superintendent told us of several wards where only one bathtub is available for 60 or more women. He showed us sections of the hospital which were not fireproofed.

If a fire broke out at night when only one employee is on duty, he said, it would be “impossible” to prevent heavy loss of life.

As far back as 1884, officials recognized that some of the state’s mental hospitals simply were not suited for hospital use.

The board of trustees of one institution wrote the following report to the governor at that time:

“When the state turned over the inebriate asylum to the trustees to be converted by them into an insane asylum, they took the same with a full knowledge of its unfitness for that purpose. The plan of the buildings, the style of architecture was not what any sane board of trustees would adopt for an insane asylum.”

“A stranger on examining same would naturally say there has been inebriety here; were we responsible for such a building for the purposes now used we would humbly ask for ‘the broad mantle of charity’ to be with tender hands thrown over and hide us from the view of an intelligent public.”

Sixty-four years have passed since that report was written.

That hospital still stands, much the worse for wear.

But we saw situations as bad in almost every hospital we visited.

We watched an operation performed in an operating room so small that it was impossible to maintain the necessary sterile technique.

Doctors and nurses bumped into one another and supplies were kept in cans standing on the window sill.

In an attic “dormitory,” we saw one filthy toilet for the use of 128 women patients. Metal pots were scattered about the ward at night, and at 2 P.M., when we walked through, the stench was nauseating.

Huddled in Chairs

At another hospital, old women sat huddled in hard, wood chairs. One wrinkled woman limped up to us and pleaded to go outside. The gloom, the smell, the oppressive atmosphere of too many sick people was nightmarish. But it was real.

We saw an office shared by three doctors. It is not unusual for three sets of relatives to attempt to get confidential information at the same time.

We saw beds without sheets and pillowcases. Several hospitals do not have two sets of linens for each bed. On wash days, patients must sleep on uncovered mattresses.

Most of the patients do not have dressers of any kind in which to keep their belongings. Some use orange crates, others use cardboard boxes and still others use the window sills.

Furniture Unsuitable

Furniture in most of the hospitals’ wards is old, unsuitable and unattractive. It consists mainly of wooden chairs and benches. We sat in chairs which had been pictured in an institution report of 1896.

Curtains, pictures and any other decorations which would add to the hominess of the wards are seldom seen. It's almost as if mentally ill patients are assumed to be incapable of responding to pleasant surroundings.

There is only one hospital which approaches the building standards for a modern hospital. But aside from its new buildings, it suffers from many of the same shortages as the other hospitals.

And if anyone needed proof that new buildings alone do not cure patients, a look inside some of the wards where men and women are tightly tied would be proof enough.

There is no denying, however, that many of the things our state hospitals need are things that only money can buy.

Tomorrow: The veteran's administration is providing modern mental hospital care.

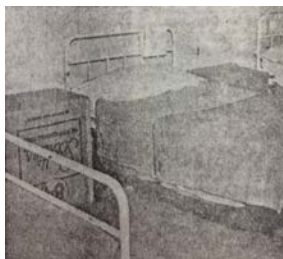
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Picture Story

'Stingy' Economy Scuttles Care of Hospital Patients.

Minneapolis Tribune Photos by Arthur Hager

Economy to the point of the stinginess has to be the rule in Minnesota's seven state hospitals because of limited funds. This "economy," however, has resulted not only in insufficient staffs but in dilapidated, overcrowded conditions which are bad for the patients. Psychiatrists state that sick minds respond best to pleasant surroundings.



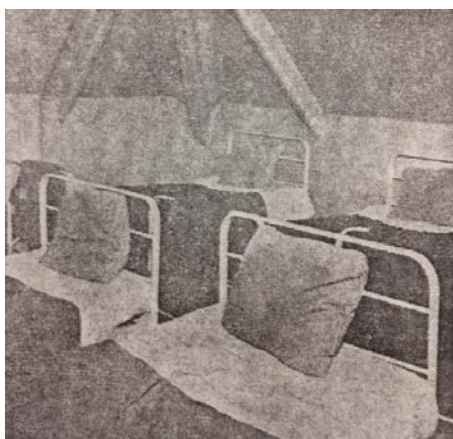
Picture at the top shows cardboard boxes which patients use to store a few personal belongings. Other patients pile articles under the bed and on window sills. The toilet, below, is used by 128 women patients. There is neither toilet paper nor soap to aid patients in keeping up habits of cleanliness.





This is a shower room in a ward of difficult patients. The room also serves as storage space for chairs, brooms, mops, pails. Taking a shower here means no privacy, no soap or towels unless the attendant brings them in, and clothing is tied in a bundle and handed to the patient as he exits.

Beds in a corridor can be seen at most of the state's seven mental hospitals. Crowded conditions sometimes force patients to sleep even in lighted hallways and gloomy, foul-smelling attics.



And at this hospital, pillow-cases are in short supply. At other hospitals, both sheets and pillow-cases are missing from beds.

Air conditioning and thermostatically controlled heat is provided for the pigs who live in this sty. At many of our state hospitals, animals on the institutions' farms are cleaner and living more comfortably than the patients.

