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Minnesota Bedlam

'TB' Strikes Hard at Mentally Ill

This is the seventh 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

Minnesota prides itself on effective control of tuberculosis. But its state mental hospitals are struggling with a TB problem out of all proportion to their population.

For the state as a whole, the tuberculosis death rate per 100,000 in 1946 was 24.1. For the mental hospitals, it was 722.3.

Dr. H.A. Burns, who has been tuberculosis control officer for all state institutions since 1942, calls TB "pretty much a disease of overcrowding."

State mental hospitals--where people are crowded into halls, attics and narrow rooms--provide a perfect growing place for the dangerous tubercle bacilli.

'Nothing to Work With'

"I have nothing to work with," Dr. Burns told us unhappily. "And we cannot get rid of TB under our present conditions."

All hospitals have attempted to isolate the patient whose sputum shows positive tuberculosis. But they do not have the facilities to do an effective job.

Chest X-rays are taken at least once a year, and they have helped in spotting new cases and catching suspicious ones.

But a patient found to have tuberculosis has about as much chance of getting over it as he has of recovering from his mind sickness.

No hospital has the necessary equipment or staff to provide the prescribed treatment.

At one hospital, the superintendent said his TB patients were given more milk and more fruit than other patients, "but that's about the extent of treatment."

Dr. Burns said, "There's no efficient way to treat TB unless you do collapse therapy -- a surgical treatment in which the diseased lung is immobilized -- but we're not doing it because we're not equipped."

- No hospital has oxygen tents.

- No hospital has fluoroscopes, the machines which allow the examining of inner parts of the body, much like the X-ray.
- No hospital is set up to do its own sputum and gastric lavages testing. (This is done now by the state health department, which is slow in sending test results back because its laboratories are so busy.)

Our mental hospitals, in addition, simply were not constructed to care for the patient with tuberculosis.

No Room for Stretchers

We saw a men's ward which was inaccessible except through a narrow, spiral stairway.

Each time a man has to be taken from the ward, he has to be carried by attendants because stretchers will not clear the stairway.

We walked through a women's TB ward and were told that every time an X-ray is needed, the patient has to be carried down three flights of stairs, outdoors for about a block and a half, and then up several more flights of stairs.

Many of the wards we saw were too crowded. They could not possibly be kept sterile. Inexperienced personnel working on these wards must be constantly on guard against infection.

Dr. Burns, a tall sad-eyed man has just about given up hope that anything will be done to get rid of tuberculosis in the mental institutions. When he first took over the TB control unit, in 1942, he recommended specific changes. Nothing was done.

He has made those recommendations innumerable times since, but they have encouraged no action.

Must Work Alone

He needs office help and internists who can work as health officers at the hospitals. At the present time, he is the entire unit, with one girl to do clerical work.

He not only must handle TB control in the state mental hospitals but in the prisons, the reform schools, the feeble-minded school at Faribault and the epileptic colony at Cambridge.

What we would like to see done is this:

Hospitals at Fergus Falls, St. Peter and Willmar would be used as diagnostic centers. Patients without positive tubercular sputum but who do have some TB Characteristics would be sent to one of these three centers.

There are now approximately 1,000 such cases.

Men and women who required special tests would be sent to Anoka, so that facilities at the University of Minnesota could be used.

Positives to Walker

Those patients with positive sputum, which means tuberculosis in its most contagious stage, would be sent to the state sanatorium at Walker.

There is no reason why Walker should not be used, Dr. Burns argues. "For the past several years, the state has been supporting empty beds in all county sanatoriums and in the state sanatorium at Walker, too."

At the present time, Dr. Burns estimates, about one-fifth of the more than 2,000 beds in 14 county and the one state sanatoriums are empty.

Why not take the approximately 250 patients from Walker and move them to county sanatoriums nearest their homes, Dr. Burns reasons. Then the state could take more than 300 mentally ill patients suffering from active tuberculosis to Walker.

Not Enough Space

Plans have been under way for some time to convert a building at Anoka into a TB clinic for all the state hospitals.

But Dr. Burns doesn't think much of the plan.

"In the first place," he said, "we have only \$86,000 to remodel the building. Architects claim it will take \$200,000 and that doesn't include any equipment."

"In the second place, the Anoka plan allows for 253 beds. We need at least 300 and I can't tailor this problem down to fit 253 beds."

"In the third place," he stated, "this plan for Anoka will take at least two years to work out. We need something immediately and the state sanatorium at Walker is immediately available."

"Lastly," he added, "I don't see why we should have a special building. If we do our job, this should be a diminishing thing in four or five years."

Friday: Shortages and Inadequate Facilities Plague State Hospitals.

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Picture Story

Few Mental Patients Get Care They Need

Minneapolis Tribune Photos by Arthur Hager

Mentally sick people like those who are physically sick must have proper treatment in order to get well. For mind sickness, some treatments require the use of drugs, such as metrazol or insulin. Others, such as electric shock and hydrotherapy, need special equipment. All treatments, particularly psychotherapy, occupational therapy and recreational therapy depend heavily on expert personnel. In Minnesota's seven state hospitals very little treatment is provided because trained personnel is so scarce.



While this patient sits calm and relaxed, his brain waves are transmitted over the wires to a machine at left. That machine is connected to a series of amplifiers which measure the electricity given off by the patient's brain. In the picture at right, Ralph Schroeder, technician, studies the results of the test. The machine, called an electroencephalograph, is used chiefly for patients whose mental disorders have a physical basis such as epilepsy.

This brain wave machine was purchased with \$2,800 of the superintendent's own money. He has the device set up in his office because space at the hospital is so limited. He also has purchased equipment for a research laboratory because he believes that in research alone lies the real cure to mental illnesses.



Walking around the room for several hours, these men patients are getting an inferior substitute for recreation therapy. Lack of trained personnel prevents them from getting the treatment that would be beneficial.

Many of the hospitals have dances for the patients once or twice a week. Most of the patients look forward to this normal type of activity. Some do not dance but they enjoy watching.





This kind of “treatment” (left) has little or no merit. (The majority of Minnesota’s hospitals use patients as “slave labor” but call the work “occupational therapy”).

Occupational therapy which helps the patient should be more of the type pictured below. In Minnesota’s institutions, however, too much emphasis is placed on salable objects rather than on finding a job which will help a difficult patient.

