

own parents though they haven't seen them for years, or that they still have a grudge against a favored sister, or maybe a domineering grandfather who lived with them. The overcritical person wastes committee time and other time. Their objections are like trump cards played against authority. They do not move the project along. They make teamwork harder. They slow down movement.

#### Following the Leader

Certain other people seem to be so afraid to criticize or offer anything new that they strike you as being almost neurotic in their desire to be agreeable, to conform and to do the expected traditional thing. You wonder if they're still acting the role of the good little girl or the good little boy so concerned with doing just what was wanted by papa or mama. These people are not at their best on a team. They follow but are afraid to pull on the load.

Mary Parker Follett, the expert on administration, once was asked, "Who should give the orders?"

"The *situation!*" she replied forcefully.

Haven't you noticed when some conference, or committee, or group project went especially well—usually it was when everyone first of all had the same full picture of "the situation" and then all were emo-

tionally free to criticize, to think and talk independently and to contribute whatever original ideas came to them as together they kept examining "the situation." And you could really say that "the situation" gave the orders.

Williams James once said philosophy is the most practical thing in the world. For instance when a landlady gets a new tenant the first thing she wants to know is his philosophy. What's his idea about rent and being quiet and being clean?

Your philosophy makes a difference in teamwork. If you think the world is hostile, dangerous and evil you are likely to expect other people to be hostile, rejecting, scheming, unfair, and dishonest. You have a tendency to be "on guard" all the time or you will figure the best defense is a good offense. Many self-centered people have this view of the world. All of us have some of this self-centeredness and it is a thing to watch—it can get worse or get better. At its worst, it certainly is hard on teamwork.

#### Trusting Souls

There are other people that have a philosophy that looks on the world as friendly and dependable and in general to be trusted. They really expect other people to be friendly, open, honest, fair, accepting. When they aren't they are kind of amused and consider them ex-

(Please turn to Page 48)

# St. Peter State Hospital

ELIZABETH SEAQUIST

FIVE YEARS FROM NOW, St. Peter state hospital will mark its centennial. The oldest of the Minnesota mental hospitals, it was the third of the state's institutions to be established, the first of these being the State Prison at Stillwater organized by the Territorial Legislature in 1853; and the second, the School for the Deaf which opened 10 years later.

In 1865, just a year before the hospital's location in this vicinity, the Civil War was on the point of ending, Abraham Lincoln was inaugurated for his second term, and a month later his assassination was proclaimed in the black-bordered columns of local newspapers. Area residents "contemplating marriage" were being publicly reminded that one of the provisions of the new marriage law required a "certificate from the Clerk at the Court" before the ceremony could be performed. It was in the fall of this historic year that the Iowa state hospital sent word that no more of Minnesota's insane could be accepted there. They needed the facilities for the care of their own unfortunates.

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ELIZABETH SEAQUIST has been Librarian I at St. Peter state hospital since July 1, 1936. A copy of this manuscript was included in a time capsule sealed into the cornerstone of St. Peter's continuous treatment building, now under construction.

At an earlier period in its history, our state acknowledging the need for providing care and treatment for the



Mrs. Seaquist

insane which became more pressing as its population increased, made arrangements with the board of trustees of the Iowa hospital for the insane "to accommodate a limited number" "so long as their own patients did not require the full capacity of their building" and "under this arrangement, at a stipulated rate per week for board and medical attendance, the first patient was sent to the Iowa hospital, April 28, 1862."

This was a great favor and a fine thing for our sister state to do but unfortunately the people of Minnesota were lulled into a sense of well-being and did not feel an immediate necessity to provide for them at home. Thus, when the situation finally came to a head and word was received that no more patients would be accepted and that the ones already there should be removed at the earliest possible time,

arrangements were made with St. Vincent's Institute for Insane at St. Louis, Missouri, to receive a few of our patients but the expense for transportation, attendance and so forth, in conveying patients so great a distance was necessarily high and "should be avoided at as early a day as possible." The time had indeed come when the proper provision for the home care of Minnesota's insane was imperatively demanded.

### **Enacted by Legislature of 1866**

Responding to the plea of Governor W. R. Marshall, the State Legislature, at its session in 1866, passed an act establishing the first Minnesota hospital for insane, provided for the regulation of same, created a board of trustees, and appointed commissioners to secure its location.

One of the statutory provisions relating to the location of the first hospital provided "That no city, town, or village, shall be fixed upon as the permanent site of said Hospital unless the inhabitants thereof shall, upon being informed by the said Board of their decision, procure and cause to be delivered to such Board, a deed to the State of Minnesota of a quantity of land not less than twenty acres, as a site for said Hospital, and (unless) the site so donated is acceptable to and approved by said Board."

By 1866, when the commission-

ers selected to choose the site for the state's First Hospital for the Insane, were making their visits up the Minnesota Valley, the borough of St. Peter was a flourishing new settlement boasting "a hotel, two furniture factories, two cigar factories, one roller process flour mill, a creamery, a vinegar factory, breweries, stone quarries, harness, shoe and smith shops, a bank and mercantile stores." Freight and passengers were being carried to and from town by the Chicago, St. Paul, and Minneapolis railroad, by river when it was navigable, and by stagecoach. Wagon trains of settlers bound for the west were rolling through, real estate transactions were booming, and emigration to Minnesota was heavy.

### **The Bidding was Hectic**

Competition for the location of this first hospital was so keen and rivalry so intense among the people of the state that each community tried to outdo the proposition of the other in order to bring the asylum to its doors. When it was learned that the people of St. Peter had submitted "a valuable farm" for consideration and a rumor was circulated that that was the site selected, malice, spite, and bad temper were evidenced in the communications received by the local newspaper.

The fully authorized announcement "that both the permanent and

temporary locations for the Insane Asylum have been positively settled in St. Peter" provoked a "sour grapes" attitude from the press in the disappointed localities which was "rather amusing to notice. They universally declare their respective communities better off without, than with it, and join in commiserating unfortunate St. Peter in being compelled to endure the infliction with praiseworthy stoicism and equanimity."

### **Farm Cost \$7,000**

Their proposition "selected at last," the people of St. Peter were resigned to "whatever of benefit there is to result from this circumstance," we "will be grateful for, and the unpleasant features, if there are any, connected with it, will be borne in a manner becoming to an humane and intelligent people." "With remarkable promptness" they "subscribed and paid in the entire sum of \$7,000 required for the purchase of the Dorington farm for presentation to the State of Minnesota." In a letter from Governor Marshall to the Hon. H. A. Swift of St. Peter, dated September 15, 1866, the gift was accepted and the title to the property vested in the State of Minnesota.

In the meantime the board of trustees, which had been "authorized to erect or lease or purchase buildings for temporary use," bought "the property in St. Peter,

known as the Ewing House, with six lots, containing a stone building 60x32 feet, and three stories above the basement: attached thereto is a frame building 60 feet by 26, and two stories high." This building which was in a rather dilapidated state had been built in 1855 and was the first hotel in St. Peter. Vacant for a number of years after its erection, it had been pressed into service in 1862 as an emergency hospital during the Indian uprising because no facilities then existed for the care of casualties. (This building, which became the first housing for patients of the newly organized State Hospital for Care of the Insane is now 106 years old and still standing. Located at the corners of Walnut and South Third, it has functioned as an apartment for many years.)

### **No Detail Overlooked**

"The repairs on the Ewing House" were "being pushed ahead with all speed" in order to be ready for "the accomodation of the insane of Minnesota." Plans included a "high board fence" to enclose the grounds which were to be "tastefully ornamented with trees, walks and shrubbery."

The New York man who had been elected medical superintendent and physician, arrived in St. Peter, his luggage augmented by the 16-volume set of *Appleton's New American Cyclopaedia* which had

been presented him by the male employees of the State Asylum at Utica as a "testimonial of their regard for him as an officer and a friend." Elected, October 2, 1866, he began his duties here on the first of the month following. The matron, also from Utica, was chosen on his recommendation. Because of an unavoidable delay in putting up the furnaces, the institution was not opened until December 6, when the first patient was admitted. The patients who had been sent to the Iowa hospital were returned and received here December 28.

### **The Early Years**

As early as February, 1867, a matter of only two months after the hospital's official opening, the first note in the "overcrowding" theme which would toll with nagging regularity for the next 94 years, was sounded. The buildings which had been thought "sufficient to meet the wants of the state for years to come" were filled to their desirable capacity, there were applications on file, and many who were making 100-mile trips to bring their insane to St. Peter had to be turned away. By May of the same year, the situation had become acute.

"With a desire to prevent useless trips and expenditures for the people of other sections of the State, we again refer to the condition of the Hospital for the Insane at this place," said the *St. Peter Tribune*

of May 8, 1867, which goes on to explain, "The Institution is now crowded to the utmost capacity, containing 55 patients. Applications for new patients are received every day, and we are reliably informed that there are 100 insane persons already awaiting treatment, but who cannot possibly be accommodated while the institution remains as it is. The Superintendent uses every effort to minister efficiently to the patients under his charge, and accommodate those who arrive here from other points but the limit to even his capacity for aiding the afflicted has been reached.—Every ward is filled!"

### **Borrowing Started Early**

Necessity required that something be done—and with all possible expediency. Accordingly \$40,000 was borrowed from the building fund earmarked for the permanent hospital in order to build another temporary residence adjacent to the Ewing Home. The building, a frame one 96 feet by 34, two stories high, each 12 feet in the clear, with a stone basement under the whole eight feet in height was ready for occupancy in October. Now the accommodations at the utmost would be 100, and already there were 87 in residence, about 20 applications on file, and "what shall be done for others who ask for admission, especially since all medical testimony

urges the immediate reception of recent or acute cases for hospital treatment" was and would be the burning question for many years to come. Still more room was required and so a stone building across the street from the temporary hospital was fixed up for the care of those who were not so acutely ill.

### **Will Compare with Any**

By 1874, however, the board of trustees was able to report concerning the permanent hospital: "Seven years ago the foundations of this noble pile were begun, and we congratulate the State, that year by year the work has gone on, and now only one more appropriation is required to finish the north section, return and hall. This will complete the plans adopted for the Minnesota Hospital for Insane, and present a frontage of more than 800 feet, consisting of a central edifice four stories in height, with two sections, two returns, and a hall on the south of the central building, each three stories in height, for female patients, and the same on the north for male patients. In all their arrangements and appointments, we regard these buildings as admirably adapted for the humane ends for which they have been erected." And in 1878, the hospital buildings at St. Peter being completed, "we need only say that this fine structure, plain but substantial as to cost, arrangement, and finish, we are willing to have

compared with any similar edifice in the land, north or south. It excels many others whose first cost is much greater."

### **Time-Proven Gift**

The full confidence of the people of St. Peter who had offered and later deeded a valuable farm to the state in the firm conviction that "a more attractive or eligible site" could not be found within the limits of Minnesota was not repudiated by the passage of time.

That it afforded "a magnificent view," was "well bordered by woodland, and had upon it lime, springs, a fine quarry, and clay bed—and in fact everything needed in building, or conducting such an Asylum after completion" was confirmed by the architect who wrote, "The site selected by your locating committee is, without question, the best, from the fact that it affords advantages not only during the erection of the buildings, but also a great and perpetual saving in the annual expenses."

The building, which rested on solid rock, was placed so that "it is well sheltered from the north and northwest winds by the rising ground and woods in that direction; while the country is open to the south and southwest, giving all the advantages of the sun and the prevailing winds from those points in the summer."

One stone quarry, 400 feet or so from the building, seemingly inex-

haustible, provided the best quality of stone for building purposes. One million bricks were made (by contract) on the hospital farm, and "providing an abundant supply of pure water has been all that could be desired."

### The Fire

The first blow to the aspirations for the new hospital was struck in late 1880 when fire destroyed the whole north wing of the hospital.

"About 7 o'clock on the evening of November 15, fire was discovered in the basement of the north wing, the male department, and the progress of the flames was so rapid and the smoke so dense that the patients were removed with great difficulty."

Reporting the "Burning of the north wing of the hospital for insane, a calamity such as, fortunately, is not of frequent occurrence," the *St. Peter Tribune* tells how "Our



*Employee's room, 1893. Until 1907, attendants lived on the wards. They were on duty day and night, sleeping in the wards and liable to night calls. They had half of every Sunday and one day off every two weeks. Rest of the time they were "at their posts."*

fire company rallied and got their hand engine on the grounds as quickly as possible, and commenced throwing water on the flames, but with little effect until about 11 o'clock when the fire had reached the main or center building. They then ran their hose up to a third story window where they persistently threw a stream of water on the cornice and roof, and at the same time flooded the floors below, so that the progress of destruction was checked, and the center building and south wing nearly out of danger. About this time the Mankato fire company (Superior No. 2) arrived with a hand engine by a special train ordered by the Superintendent of the Winona and St. Peter Railroad and the efforts of the two companies were entirely successful. The center building and south wing were safe."

### **Helpful Wind**

Fortunately, a shift in the direction of the bitter wind which had been blowing toward the center building and the south wing during the earlier course of the fire aided the firefighters and helped to remove the immediate danger to these parts of the hospital. The south wing, quarters for the female patients, had been emptied earlier, and the patients cared for in the hospital's barn.

Many deeds of heroism were performed that night. The officers, attendants, and citizens worked with

a will. St. Peter residents assisted in every way they could, bringing ladders from town, helping to rescue inmates, providing shelter at the court house, the school building, and the Nicollet hotel, and some of them taking patients into their homes.

### **Grim Comedy**

An engine company from St. Paul arrived too late to help although their response to the hospital's request was appreciated and duly acknowledged. Their tardy arrival was explained by reporters from the *St. Paul Daily Globe* and the *St. Paul Pioneer Press*, who rode with them. The first named recounts, "The fire department of St. Paul was prompt to answer the first summons. The dispatch came, "the hospital for the insane is on fire: use your own judgment. In response to this the Chief called out a picked brigade of men, and with their apparatus they were soon at the depot."

Then followed a remarkable spectacle of dalliance. The relief brigade was at the depot by 9 o'clock ready to start for St. Peter. But there was no transportation. The Chief endeavored to secure the necessary accommodations, but while no one doubts the good intentions or generosity of the railroad company, still there was a most lamentable want of anything like prompt action.



Meantime, while the question of transportation was bandied about in a most tardy way, Chief Strong, for some reason, sought more definite instructions from St. Peter. An hour elapsed—60 precious, golden minutes—and still there was no action. The men grew impatient, even the noble horses champed their bits restlessly, and those who had gathered at the depot to bid the boys bon voyage, wondered what could be the matter. The minutes had crept around on the dial, and another half hour was gone, each moment of which was perhaps fraught with the death agony of a childishly helpless soul.

#### **Off Again, On Again**

At 10:30 o'clock Chief Strong ordered the men to reel up and return to their respective quarters. They did so with feelings of chagrin and laggard footsteps. Fifteen minutes after the men had been ordered home an engine and flat car steamed up to the depot ready to furnish the desired transportation. It returned to the round house, immediately after which Chief Strong received another telegram telling him to come. He ordered out No. 1 steamer and a large quantity of hose and started for the depot. This was not quite 11 o'clock. One box and a flat car were in readiness and then ensued another miserable delay. This time, the track was not clear, or the instructions were not

definite, and so on and so forth to the end of the gamut. It is no use to rehash the story; suffice it that at a quarter to 1 o'clock the word "go" was given. Tired out, disgusted and impatient, the men commenced to load the apparatus.

Finally at 1:30 o'clock, the engine pulled out, having in tow a flat box car and a caboose. But the worst was to come; the distance to St. Peter being 75 miles it was thought that the run would be made in no more than two hours. Instead it took five and a half because "There was a delay under the bridge spanning the Mississippi river at St. Paul, another delay at St. Paul Junction, a further delay at Hamilton, a delay at LeSueur, and a delay of an hour and a half at Ottawa, to await a freight train which anyone but a bullet-headed dispatcher would have held at the Kasota Junction and permitted the special to proceed to the front. In consequence of all these delays the special arrived at Kasota Junction, two miles from the asylum, at 6:48 this morning. The fire had been thoroughly subdued as was plainly seen from the junction. The worst was over."

#### **Imagination Runs Rampant**

The headlined accounts appearing in the big city dailies immediately following the fire were masterpieces of wild imagery and fevered inventiveness. Calculated to curdle the

blood of the most morbid reader, penned by reporters who arrived at St. Peter hours after the emergency was passed, they are much too picturesque to lie forever buried in dusty newspaper morgues.

One wrote, "By the time the alarm was transmitted to the Superintendent the fire had gained amazing headway. Someone thought of the alarm bell and a minute afterwards the welkin resounded with the brazen clangor of the fire bell" . . . "Meantime that most fatal species of all—fear, the spirit of terror—seized upon the wretched inmates of the asylum and alongside of the scene pandemonium would have been an ark of serenest safety."



*Drs. Tomilson, Darling, Chilgren, Nickerson, and Bassett (left to right) comprised the medical staff of St. Peter state hospital in 1898. At that time there were three hospitals for the care of the insane in Minnesota.*

. . . "As the flames increased in volume the situation became appalling, and a scene of consternation was presented that few men, fortunately, ever have occasion to witness. The blinding smoke, the shrieks, maledictions and maniacal laughter of the frightened and bewildered inmates, the clatter and turmoil without, the pressing crowds of people, the thousand and one things that turned hell loose and made confusion worse confounded, would have almost paralyzed the finest executive ability in the land."

### **Fiendish Reporting**

Prefacing his story, the reporter writes, "Hell itself could furnish no more appalling picture than that of dethroned reason, fiendish in its ebullitions, in contact with the most frightful of all destroying elements known to man." And, "The mild delirium of the situation was stupendous. It was fallen Lucifer struggling with the fiendish cahouts of the adversary. In all that followed the fiendish malignance and glee, the cackling laughter, so poignant with pain, the maniacal scream—there was a sort of grim irony on the weakness of boasted humanity."

Another, describing the evacuation of the women's wing, relates a tale of mad confusion. "Then ensued a scene that effectually threw into the shade all previous scenes of horror and dismay. The poor, demented creatures laughed, swore and

cried in turns; they vowed they would never leave their thrones, their castles, their homes, their bowers of love, their cradles of content, their laboratories, their libraries, kitchens, parlors; or the thousand and one fantastic abodes which their unsettled reasons had framed for their surroundings. Some of them were inclined at first to be tractable, but the general excitement carried them on the popular current of unrest, and there was one general scream of defiance of the flames, the authorities and fate."

### **A Ghastly Toll**

A patient count immediately after the fire showed 44 missing. That number gradually dwindled to 24 when the 20 returned or were brought back in the next several days. Of the 24, 18 died in the fire and 6 were unaccounted for. Seven who were alive when they were carried from the building later died from the effects of partial suffocation by the choking smoke.

There were many wild guesses and rumors as to the cause of the fire. The superintendent's report stated that there was apparently more than one blaze in places where no fire was ever used, near no combustible material, nor anywhere near anything liable to cause spontaneous combustion.

From this time on however, the emphasis on fireproofing and other safety devices for the prevention of

a similar tragedy would be more than ever ceaselessly pursued and emphasized in order to avoid that "greatest danger, always to be apprehended" which "is from that element so useful while a servant and so terrible when a master."

### **After the Fire**

The work of rebuilding the destroyed north wing was begun in April, 1881. Hampered by frequent and heavy rains, a scarcity of labor and materials, and not being able to utilize as much of the gutted building as had first been considered, the new north wing was not ready for occupancy until the late months of the following year. Since something had to be done to house the patients already in the institution and those needing urgent admission, a frame addition was constructed near the permanent hospital. Opened in November, 1881, lighted and warmed by gas and steam taken from the main supply, it furnished comparatively comfortable accommodations for 75 persons. Patients would still be quartered here seven years later and when they were finally removed in 1888, the building was used as a living area for the employees.

In January, 1882, a fire at the temporary site in town completely destroyed one of the frame buildings there (with no loss of life, thankfully). It was immediately necessary to provide living quarters for those made homeless by this catas-

trophe. Accordingly, a private dwelling was rented and also a small frame building was purchased and moved on to the premises. The temporary buildings in town were not entirely vacated until January 1, 1885, so until that time, there were in effect, two widely separated state hospitals at St. Peter.

Immediately after the burning of the north wing at St. Peter, a policy designed to relieve the congested situation in the buildings and allow for the admission and treatment of acute cases, was initiated.

An inventory of patient cases showed that there were a large number of "demented or chronic insane" who outwardly at least, and to the lay person certainly, exhibited no traces of insanity except for occasional "paroxysms and violence." It was thought these could very well be taken care of outside the institution.

#### **Patients Exchanged**

Accordingly, a rule was adopted that "any county bringing a patient to the hospital would be required to take one of the chronics back in exchange for the recent case, and in cases where there was a probability that quick treatment might effect a cure."

A good many of these exchanges were effected, but unfortunately, at the first sign of temper or violence, the poor wretches were hustled to the county jails where they stayed until their return to St. Peter could

be managed. The experiment had not proved successful and the buildings were as crowded as ever.

#### **The D tached Building**

Realizing that the chronic insane were going to be around for a while, until such time anyway as permanent accommodations elsewhere could be provided, the hospital asked the 1883 Legislature for "an appropriation of \$25,000 to build a detached (meaning, separated from, or not attached to, the main structure) building at St. Peter to accommodate 100 chronic male patients."

The work, started in May, 1883, "was prosecuted with diligence until July 27th" when the contractor, a gentleman from Winona, quit the job and the city, and didn't return.

The bondsmen, also from Winona, with whom he had posted the required security, were notified, promptly took charge, and saw the building to its February, 1884, completion. Only one half of the proposed structure was erected at this time. It had two stories, was made of brick with a stone basement and stone trim and was covered with a flat tin roof. The members of the State Board of Charities and Corrections (which had been created by the 1883 Legislature) opined in their first report that a little too much economy had been exercised on the exterior of the building, adding "it has the aspect of a warehouse."

Overcrowding is bad . . . available accommodations are behind the insane population . . . the hospitals are overcrowded . . . were statements appearing in one biennial report after another.

### **Ov rcrowding Never Abated**

No matter what was done, conditions never seemed to improve. At St. Peter, the completion of the second half of the men's detached structure, and the construction of a similar unit for the women, didn't seem to help. There were still 80 to 90 men sleeping on the floors in the main building.

The transfer of 80 of these relieved the pressure somewhat although floor space for sleeping was still being used. The request to raise the roof of the men's detached building would accomplish two things: the most important, it would add more dormitory space; and secondly, it would make that building architecturally similar on the exterior to the women's detached building which was built with an attic and a slate roof. It was the conditions of, and in, these two buildings which was to evoke shocked disgust in the late 1940's and early 50's—more than 65 and 75 years later.

The usual lapse of time occurring between original requests and actual work being initiated, the roof raising at the men's detached building wasn't to start until the spring of

1902. While the heavy work was being done, *the patients were quartered in tents.*

By 1896 there were three State Hospitals for the Care of the Insane in Minnesota. The first and second, at St. Peter and Rochester, were overcrowded; and the third, at Fergus Falls, would reach the saturation point in a very few years if the existing rate of increase in the insane population continued. Another milestone had been reached. Either the accommodations had to be increased or the number of patients reduced.

There were several remedial measures being reviewed. The Cottage Plan was one of them; the establishment of a fourth state hospital another; and the Wisconsin Plan, a system whereby each county, reimbursed by the state, took care of its own chronic insane, was a third.

### **Cottage Plan Rejected**

The cottage plan which would spot an aggregate of small separate buildings at each of the institutions to house the overflow as needed, was rejected as being wasteful and having already cost the state too much money. Building piece-meal and in a hurry led to erecting cheap structures which soon deteriorated and called for extensive repairs. In addition, each separate unit built meant an extra cost for heating, lighting, and supervision. Establishing a fourth state hospital at this

time was also rejected. Careful consideration was given instead to the Wisconsin Plan or an adaptation of it, as being the most feasible.

The Legislature of 1899 established two state asylums for the insane, located at Anoka and Hastings, to receive only inmates transferred from the state hospitals. These state asylums adopted many of the features of the so-called county asylum system which had been in successful operation for many years in our neighboring state.

Providing the two asylums, it was hoped, would accomplish three things: relieve the overcrowded conditions; provide housing and custodial protection for the chronic

insane; and allow the three hospitals to function in the capacity for which they were established: the treatment and care of the curable mentally ill.

The theory was good but its practice was another matter, at least as far as St. Peter state hospital was concerned. The quiet, well-behaved chronic cases were being transferred to the asylum at Anoka but their places were being taken by "feeble minded old people, whose personal habits make their care irksome upon their relatives."

*The class of 1894 was the fourth to graduate from the training school for nurses at St. Peter state hospital. In that year a nurses' club was organized, and the nurses' library founded.*



For some years, statistics had been showing "a progressive tendency (most marked during the past five years) to make the state hospitals asylums" for the "disturbed feeble-minded and filthy patients." Accumulating faster than the class which was being transferred, they were now taking up the room needed for the care of the many recent cases of insanity and the "prostitution of the functions of the hospital" was continuing.

### **First Decade of a New Century**

During the years between the turn of the century and 1911, St. Peter state hospital, in common with the other state institutions, was put under a central system of management. There were also some extensive repairs to the physical plant, new buildings added to the hospital campus, and a continuing problem of overcrowding.

The advent of the State Board of Control, created by the Legislature in 1901, kicked up quite a storm at the St. Peter state hospital and in the area newspapers which termed it variously "a scheme which appears to be very popular with people expecting to capture one of the fat prospective positions," a bill which "was never anything else but a cleverly conceived scheme to centralize the business end of the state institutions in the Twin Cities," and "an administrative measure, pure and simple." Designed to provide a central system of management of the

state institutions, the new board was invested with more power and authority than its predecessors, the several boards of trustees and the state board of corrections and charities, which were now abolished.

In the process of reorganizing business procedures and policies, re-arranging staffing patterns, and instituting measures of economy, labor at the hospital was hit hard. Some positions were abolished, others consolidated, and salary cuts were common. In the face of the latter, 15 employees quit because the reduced wages made it imperative for them to find other jobs. In the kitchen, the head cook's monthly salary was downgraded to \$35 from \$50, the assistant's, to \$25 dollars from \$40, and each of the helpers suffered a flat \$5 reduction. The wages of the laundry girls were reduced from \$18 to \$15 a month; nursing school probationers were cut to a monthly \$16 from the \$19 they had been getting, and this, in the face of the fact that "sufficient nurses cannot be had at the old schedule." Bakers, carpenters, masons, and painters, the engineer and the plumber came in for cuts.

### **Lowering the Salary Boom**

The introduction of the new system of buying supplies meant that the services of the steward were curtailed and in consequence, the salary of that position was dropped to an annual \$900 from \$1,500, and the

MINNESOTA WELFARE

bookkeeper's salary was reduced \$50 a month. Consternation and confusion were the result and the *St. Peter Herald* contended, "If the Governor believes that a trained cook is only worth 70c a day and laborers in state institutions are only worth 60c a day, he has placed a very low estimate upon good and efficient services." It further urged the Governor "to come down and look the situation over, in justice to the employees at least, and determine whether or nor there are not departments in the public service where better economy can be practiced. The work done," it stated, "is the only thing by which the system can be measured and as far as applied to the St. Peter state hospital, the board of control, has up to date, made a most miserable failure."

### **Meeting the Need**

While all this was going on, the administration at the hospital was also having to be concerned with the state of disrepair of the physical plant, a condition which was growing more serious every year. "An institution for the insane, in the nature of things, is never completed and aside from the ordinary repairs required, the time comes, especially in buildings as old as those at St. Peter, when more or less radical changes have to be made to meet modern conditions."

The main regard was for the ad-

ministration building (or, Center, as it is known today) and the south wing (south flats) which had not undergone any kind of general repair since their initial erection. One of the prime considerations was for fireproofing these buildings "on account of the inflammable nature of their construction."

### **Fire Memory is Vivid**

The recent blaze destroying the original laundry building which occupied the space where the present auditorium stands, reawakened memories of the horrors of the 1880 conflagration and added urgent impetus to the requests. In addition, "Paint was peeling off, cornices loose," and the "roof was set on top of the walls instead of being bricked in and built up between the rafters." The loose cornice allowed wind and rain to sweep through the attic space, it whistled also through chinks around the shrunken window frames, causing the heating plant to go full blast without doing much good. In general, the place was decaying and deteriorating and needed a complete overhaul, not just temporary repairs.

In his 1900 biennial report, the superintendent renewed his recommendation that the "administration building should be remodeled, with the object of making it into a hospital for the care of recent cases, thus giving us the opportunity to



centralize the active medical work of the institution, and therefore do it better and more economically. The present arrangement of the building," he goes on to say, "leaves a large amount of unavailable space, and its direct attachment to the two main wings makes it dark and illy ventilated."

### **A Shoddy Job**

It was probably at this time that the arrangement as we know it today, the north and south wings separated from the main building by areaways, was effected because in the 1904 biennial report it is noted, "On removing the interior work, it was found that many of the walls, which it had been supposed could be utilized in reconstruction, were poorly built, of inferior material, and unsuited to carry the fireproof construction, thus necessitating their removal, and the substitution of a new structure."

Completed and in use in 1908, the remodeled facilities furnished hospital wards for women and men on the second and third floors, and operating rooms and a laboratory on the fourth. In the fourth biennial report of the State Board of Control of Minnesota, period ending, July 31, 1908, the superintendent wrote, "it should be of interest to know, as showing the economy of proper provision for the medical care of the insane, that in our re-

built main building where we receive and care for all new cases committed to the hospital, not only has the ratio of recoveries increased but the length of residence of patients leaving the hospital as recovered has materially decreased, making an average difference of six weeks since this building has been in use. This ought certainly to be evidence of the importance of considering primarily, in the institutions for the insane, the provision of room and facilities for the hospital aspect of our work.

"There is no reason we should not profit by the current movement in favor of prevention, and if tuberculosis may be prevented by early and efficient treatment, insanity may also be decreased by the same means, but this treatment is something more than custody. The insane man is ill physically. His insanity is an evidence of that fact and this means that ample provision should be made for hospital work.

### **Resistance from Patients**

"In the general hospital it is considered to be necessary that there should be a large medical staff, so that each patient may be constantly under observation, and there should be a sufficient number of nurses, so that each patient may have the necessary individual care, and yet, in the general hospital the patients are able to co-operate with and help the nurses in what they do; while on the contrary, in the hospital for the

insane, the patient resists, and opposes the nurse in her efforts to do for him. The public does not seem able to get rid of the preconceived idea that the insane require only custody and restraint. If, on the contrary, proper provision for room and facilities were made, so that we might do what we ought to for our patients, our recovery rate would not only be increased, but the average stay of the recoverable cases would be more nearly 18 weeks than 18 months, as it now is."

From 1866-1910, there were only two instances when there had been an "apparent check in the increase of insanity." The first followed the 1880 fire and the second resulted from the 1888 investigations of alleged brutality and other mistreatments at the Rochester and St. Peter hospitals. The status quo on the overcrowding situation was otherwise maintained. The needs of the hospital were always numerous but "our most pressing requirement is more room" was a 1908 statement.

### **20th Century Progress**

In the first decade of the twentieth century, the fireproofing and repairing of the south wing was being effected, a cottage for the tuberculous insane had been completed, a detention hospital had been contracted for on May 2, 1910, and an asylum for the criminal insane was in the final construction stage.

A storm in the middle of June, 1908, ruined crops and flooded buildings. On Saturday morning, June 19, the "garden promised abundance, and all of our crops were flourishing. In the afternoon a storm with wind, rain and hail came up suddenly. Two and one-fourth inches of rain fell in half an hour, and the volume of water was so great that the overflow from the ravine back of the detached ward north poured into the basement, flooding all the buildings in turn, so that there was four feet of water in the basement of the nurses' home and 43 trunks belonging to the nurses, with their contents, were destroyed."

On Monday night, another four and one-fourth inches of rain fell. The actual crop damage from this disastrous rainfall amounted to \$5,000.

### **The Detention Hospital**

Beginning with the spring of 1911, there were, for all practical purposes, four institutions on the hospital campus. There was the institution proper, the detention hospital, hospital for the tuberculous insane, and the newly established asylum for the criminal insane. Detention and the T.B. hospital were purely medical; the asylum, primarily custodial; and the institution proper, a mixture. Concurrent with the opening of the de-

tention hospital was a new law relating to admittance procedures which provided for "admission to the hospital without the forms resembling the trial of the prisoner and the voluntary entrance on the part of anyone who feels himself in need of treatment." It marked "a step toward the time when the hospitals for the insane will be on the same plane in the minds of the public as the general hospitals, simply a place where persons who have a certain malady are to be cared for and cured if possible, not a place where admission involves in the minds of many the idea of disgrace. The feeling that there is something of disgrace in mental affliction is one of the heritages of many years in many lands, when the insane were thought to be accursed and were treated and

cared for as criminals. In the arrest, the placing of insane in jail for safe-keeping, and their transportation to the hospital by the chief peace officer of the county, the sheriff, is still to be seen a relic of former customs."

The new law did partially eradicate the stigma associated with going to a state hospital and caused the person needing counsel to seek it earlier. It did not, at that time (nor has it now, 50 years later) entirely succeed in eradicating the "inherited prejudices" toward the mentally ill from the minds of the general public.

The story of the detention hospital at St. Peter has been immortalized in the book *A Mind Restored*; the story of Jim Curran, by Elsa Krauch. Delineating the case history of a depressive who got well in a



*Back in 1911, when this detention hospital was completed and occupied, such facilities were considered "marks of an enlightened policy of dealing with the insane." When St. Peter's psychopathic hospital was built in 1937, detention was converted to a ward for women patients who could be given considerable liberty. It was then renamed Liberty Hall.*

state hospital, it serves as a momentous memorial to the splendid work that can be, and is done, in a state hospital. Although the names of places and people have been disguised, it is the real story of a real person who was a patient at St. Peter in the first years of the 1930's. Published in 1937, it has enjoyed several reprintings with the consent of its author, and is required reading for psychiatric side trainees and affiliating professional student nurses.

### **The A.D.I.**

It could be said that the problem child of the hospital family was the asylum for the dangerously insane. Completed and occupied May 22, 1911, there were, by July of the following year, 64 patients in a building meant for 50. Its size increased by additional construction in 1917 and 1932, it was a prison that wasn't a prison and a hospital that wasn't a hospital. It was criticized on the one hand for being too secure and on the other, for not providing enough security, in spite of the fact that the "original pleas made for the asylum were based on the injustice of holding insane persons in a prison."

In the opinion of the Board of Control, as expressed in the fifth biennial report for the period ending July 31, 1912, "It was an error of judgment to have placed an asylum for the criminal and dangerous

insane as a part of the St. Peter institution," and that it was "not too late to reverse this policy and find a suitable place elsewhere. The present building could be used, without any change, for certain classes of patients, and the state would lose nothing."

### **"Backward Step"**

In the same report the superintendent wrote, "A long step backward was taken in establishing such an institution as a part of one of our hospitals for the insane."

The subject would come up perennially for discussion, especially after such times as escapes occurred. Its abandonment here and transfer to the Stillwater state prison was most recently talked about in 1960. Although the inmates of the asylum were kept far more closely confined than inclination of hospital officials prescribed, there were plots and attempts to escape.

One of the more notorious of these occurred in 1921, when a criminal dubbed by police officials as "the most dangerous man ever confined at the local criminal ward," attacked two nurses and a patient, dashed to the night nurses' quarters which were unlocked, kicked out a screen, "the only flimsy bar to freedom," leaped to the roof of the porch over the main entrance to the building, dropped 15 feet to the ground and made into the ravine

*(Please turn to Page 38)*

## ST. PETER STATE HOSPITAL

*(Concluded from Page 23)*

under the trestle. Half-starved, ragged, footsore, and dishevelled, he was captured 48 hours later on a country road between New Richland and Albert Lea and returned to the penitentiary to complete his 30-year sentence for complicity in two murders in the Twin Cities in 1917.

### "Pr mature" Escape

Here only two months, he was the only one to escape although three others were in on the plot. Hospital authorities had inaugurated prison rules and increased security measures including barring the windows in the nurses' quarters a month after he was received at the A.D.I., but the work hadn't been completed. The escape caused a sensation in the town where people hurried to lock and bar their doors when news of the escape was received. The "womenfolk in general were badly frightened."

In accordance with the prevailing feeling of the St. Peter people, the hospital authorities, after investigation, decided to inaugurate state reformatory methods in caring for the inmates and selected a St. Cloud guard, a former St. Peter resident, as the man best qualified to enact the disciplines. This spectacular escape was the third "jail delivery" since A.D.I. had opened in 1911.

An even more sensational break took place on a June Sunday in 1936 when 16 inmates of the A.

D.I. engineered a successful freedom dash. Occurring just before the 7:30 bedtime hour, the men overpowered guards, used arms and legs ripped from chairs and tables as weapons and as levers to pry open the window bars, slid down the length of fire hose they had commandeered, helped each other over the prison wall, and then scattered to the four winds.

Company D of the St. Peter National Guard was called out by the Governor to aid in the patrol and search, officers of the state bureau of criminal apprehension immediately rushed into action, the board of control was notified, and the superintendent was kept busy directing operations. Remedial measures which were suggested to ameliorate conditions inciting such breaks included, in addition to tightened security regulations, increased opportunities for recreation and occupational activities and for outdoor exercise. A three-man board of psychiatrists was appointed to screen all future prospective residents of the A.D.I. in order to provide a check on those prisoners who might endeavor to feign insanity in order to be transferred to the St. Peter asylum.

### In Radio's Limelight

Gang Busters, a favorite crime series of that era, dramatized the story of the "maniac" who led that June 7 break from St. Peter state

MINNESOTA WELFARE

hospital. Carried over station WCCO, it was broadcast on Wednesday evening, August 10, 1936.

Known today as the Minnesota Security Hospital, the name change was legally enacted by the 1957 Legislature. The suggestion was originally submitted by patients at the A.D.I. who protested that bloodcurdling and demoralizing appellation, and with the approval of hospital authorities, sponsored the contest for a name which would be submitted to the Legislature.

Although it is not exactly a home away from home today, and there are still many security measures employed, the fact remains that the patients at the Minnesota Security Hospital are able to enjoy a variety of interests. There are vets' and speakers' clubs, baseball games, cribbage and pool tournaments, a hospital newspaper, *The Eagle*, in which to air gripes, more contact with outside groups through volunteer participation, and patients are able to worship at Sunday services in their own chapel.

### **Two World Wars and a Depression**

Two great World Wars and the 1929 stock market crash followed by a depression, put a decided crimp in the hospital's progress. Enforced economies, stringent budgets which couldn't cover increased costs, and a scarcity of labor were some of the extraordinary conditions common-

ly prevalent at the hospital during these times.

### **War Pressur s**

During the World War I crisis, the economies in clothing, furnishing, repairs, and food had lessened the stock on hand of everything by the end of the 1918 biennium. It was necessary of course to cut down on the amounts of all supplies including food. "Of potatoes we used this year about five bushels a day less than the preceding year and of meat we used a little over half as much. We have used flour sacks in place of ticking very largely and have made benches out of old lumber and have not bought chairs or benches. We have cut out almost wholly the buying of such things as bed spreads and furniture. This kind of saving goes through all lines of goods and clothing has been very scanty," wrote the superintendent in the biennial report for 1918.

A sampling of the soaring costs of supplies during the period of the war, based on the average prices paid during the fiscal years ending July 31, 1914, and the same periods in 1916 and 1918, showed a range from "9 percent for fresh fish to 232 percent for tapioca; from 40 percent for turpentine to 344 percent for gauze dressing." Wool blankets which had cost \$2 in 1914 had tripled in price by 1918, a dozen brooms which could be bought for \$3 in 1914 cost \$8 four

years later, and a dozen overalls went from \$7.20 to \$12.

### **Workers Hard to Get**

A lessened force of helpers as well as the privations being endured caused "quite intense anxiety" at times. Because of the dangerous scarcity of labor the hospital had to employ "high school boys and old men" to care for the patients.

The 1918 influenza epidemic which swept the whole country didn't by-pass the hospital population. In the fall of that year, 290 patients and 60 employees caught the bug. Thirty two patients and one employee died as a result of the malady which occurred again, in milder form, in the following year. A peculiar epidemic of diarrhea affecting about 85 patients and to which one death was attributed, occurred in February, 1919, and again in September and October.

One of the more fortunate results of the crash and the depression was the building of the Psychopathic Hospital which, when completed in 1937, fulfilled "a need that had existed for decades" and had "been no more than a dream of the superintendents for nearly fifty years."

Because it was imperative that the state be assisted by Federal aid in order to remain solvent, funds were made available by the Works Progress Administration, for new and necessary construction.

Work on the excavation for the foundation of the new unit was begun in the fall of 1935, using hospital labor in "order to leave more funds for a better building." Located at the rear of the site where the superintendent's home stood before its removal across the road, the new Psychopathic Hospital would now be the receiving ward for all new admissions.

The Detention Hospital was taken over by women patients who could be given considerable liberty and was appropriately named Liberty Hall. Federal funds also helped to secure some very necessary repairs to buildings, to augment the staffing pattern, construct a stone root cellar, rebuild the dairy barn, and raze some of the old barns.

### **The Last Thirty Years: 1930-1940**

Overcrowding continued to be the number one problem at the hospital during the years between 1930 and 1940. An active interest in the treatment of the individual patient was continuing and the standards of the medical work being done were continuing to rise. There were no epidemics of infectious diseases in this period except for a mild influenza in January, 1935.

Food service was being improved, a department of personal hygiene for women patients was opened resulting in improved appearances and morale which was very gratifying. Because people were living longer,

more old people were coming to the hospital and consideration was being given to future provisions for their care.

### O. T. Introduced

Occupational therapy as a therapeutic tool was being emphasized, a department of recreation was created, and examining and treatment rooms were installed on all the wards. Sidewalks connecting the buildings were laid, and all coal-burning equipment in kitchens and bakery were replaced with gas-burning units.

Phelps Hall was furnished as a hospital for tuberculous women and the old tuberculous wards which had formerly housed both sexes, were taken over by the men exclusively. The relatively new insulin and metrazol therapies were instituted. Civil Service was inaugurated



*Remodeling of the administration building, when completed in 1908, furnished hospital wards for men and women on the 3rd and 2nd floors; and operating rooms (one shown here) and a laboratory on the 4th.*

in August, 1939; and in June of the same year by reason of a Reorganization Act, the Division of Public Institutions replaced the Board of Control.

The St. Peter state hospital nurses' training school which had been functioning since 1891, was discontinued in 1939 and no more students were admitted. A psychiatric school of nursing for undergraduate students in the general hospitals of the state, was established July 1, 1937. In 1936, contracts were awarded for a new \$36,000 staff house for families of the medical corps at the institution.

The dust storms and extraordinary heat that were prevalent in the early part of the period ruined the crops. Garden acreage was expanded in the latter half of the thirties and canning operations were increased from 15,000 gallons in 1937 to 25,000 in 1939. It was in the last named year that the first crop of potatoes in several decades was raised and harvested.

### 1940 to 1950

Because of the exigencies common to a period of national stress (scarities of labor and supplies), the hospital found it impossible to attain the goal toward which it had been striving. Until World War II ended, all its efforts were expended in maintaining existing conditions.

In 1948, the institution was subjected to some severe criticism of its



conditions and services emphasizing particularly the food situation, inadequate personnel, and worn out equipment. The correction of these charges was made possible by an expanded mental health program.

### **Psychiatric Aide Training**

One of the factors connected with the continuing program of mental health care was the establishment of a training course for psychiatric aides which was designed to promote interest and efficiency in the care of the psychiatric patient. A similar program with similar aims was in effect in 1889. It was a training school for attendants which was "intended to improve the service and raise the standard of intelligent care of the patient." This one was conducted by assistant physicians, while the 1949 course of study was directed by the nursing department.

By 1950 the hospital was making some progress with the changes which had been started with the Legislature of 1949, when the work week was changed from 48 to 40 hours and the extra personnel over and above that required by the change of the work week was made available. The particular increase was in the availability of supplies, an increase in the amount of money for feeding, and much of this program was well under way by 1950. During the next few years the goals and patterns of the hospital were changed at frequent intervals, but

through the years gradual and steady progress was made as facilities, personnel and equipment became available.

From a medical point of view, the availability of tranquilizing drugs must be considered one of the mileposts of the decade. Many other facets of the program of total care must be credited with their significant contributions toward the continuing welfare of the patients who have been helped in various ways to achieve more satisfactory life adjustment.

With the employees of the hospital, improved working conditions and benefits have been accompanied by increasing responsibilities for various programs. During the decade it has been possible to effect some recognition for the employee who has worked long and faithfully. The various employee unions and associations have made increasing contributions to the welfare of the hospital and patients. The sponsorship of entertainment programs such as the 3rd of July, the employees' picnic, patients' activities day, and Christmas programs may be cited.

### **Modern Advances**

At the beginning of the decade, the first Geriatrics building was nearing completion. The second Geriatrics building and the Service building followed shortly thereafter. Since then there has been some housing added and many repairs and

improvements made, but most of these are not obvious except to the people who knew what was involved in getting along without the elevator at Phelps Hall or trying to get the elevator service in the Center building. It is only when we take time to remember how it used to be that the real significance of the many small repairs can be appreciated.

During the decade there has been an expansion of the training programs and additional activities for employees and patients.

An outstanding development at the beginning of the decade was the transfer of patients with tuberculosis to the Burns unit of Anoka. During the 10-year period tuberculosis has become a minor problem although still very important. We continue intensive diagnostic and screening techniques for tuberculosis as well as syphilis, cancer, diabetes and pernicious anemia, but we find these are much less frequent problems now.

### **Improvements Under Way**

The development of the program of the interim building commission and the legislative building commission during the decade has been of significant benefit to the St. Peter state hospital. As a result of the activities sponsored by this group, a program of rehabilitation at St. Peter has been started. There is a co-ordinated, well thought out detailed plan for the step-by-step re-

placement of the buildings at the St. Peter state hospital. The first step in this program is now reaching completion as we begin to move the machinery into the laundry building and transfer this operation to an entirely new and adequate laundry operation.

### **1961**

In concluding his review of the 1950-60 decade which appeared in the *St. Peter Herald*, January 7, 1960, the present superintendent remarked: "So far I have talked about tangible things, most of which you can look at or see when you come on to the hospital grounds, but the most important thing about the St. Peter state hospital, and its most valuable asset, is something which has existed over many decades, which one can get to know only after a long time at the hospital. This is the loyalty and faithful service given by each of its employees in their dedication to their work."

This is 1961. Another president, one of the youngest ever to be elected, is in office. Area residents are discussing the world's troubled spots, planning for the new highway going through town, and admiring the advanced design of a church being erected on the Gustavus Adolphus college campus.

St. Peter is a thriving little metropolis. People travel to, from, and through it by Greyhound Bus

and privately owned automobiles; the railroad is seldom used and the river, never.

St. Peter state hospital, a city within a city, has 63 buildings, approximately 1,000 acres of land, a patient population averaging 2,200, and a working force of approximately 600 employees. In a single 24-hour period, the fuel bill may amount to almost a thousand dollars. The loaves of bread baked in a year, if laid end to end, would reach from here to St. Paul, and the shoe shop annually repairs and rebuilds about 4,800 pairs of shoes.

The cottage for tuberculous patients and the nurses' home have been condemned, a new laundry has been in operation since January, 1960; and the continuous treatment

building now under construction is expected to supplant detached ward north.

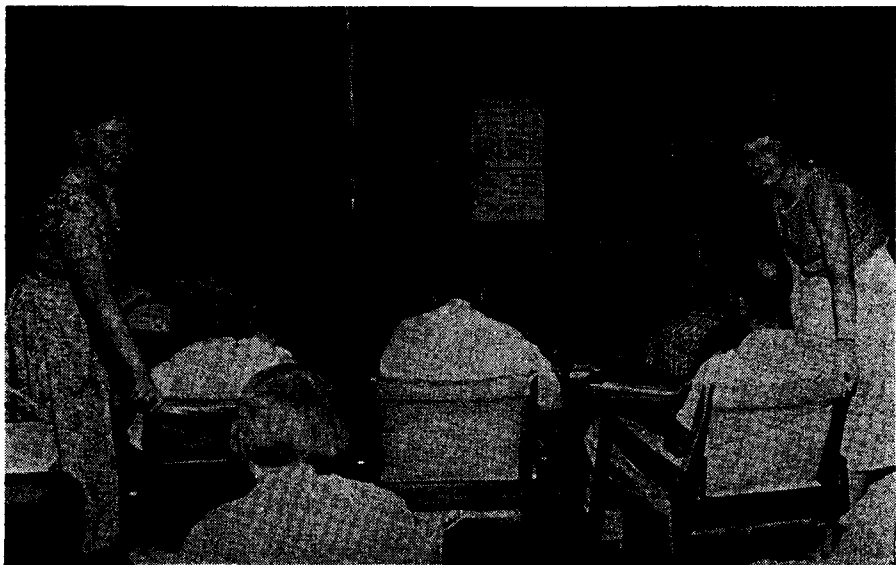
The hospital is working toward the goal of "open hospital" in which patient self-discipline takes the place of authoritarian control. In preparation for it, bars are being removed, wards are being unlocked, and patient self-governing councils are being formed.

#### **The Superintendents:**

#### **DR. SAMUEL E. SHANTZ, 1866-1868**

Six years assistant physician of

*Progress in action. Three Mankato state college student volunteers, left to right—Gayle Schwand, Otto Werner, and Marilyn Dubke—are teaching conversational German to patients in the St. Peter hospital library. This is one example of educational, recreational, and occupational opportunities for mental patients today.*



the Utica Asylum, New York. Elected medical superintendent and physician, St. Peter hospital, October 2, 1866. Organized and directed temporary hospital. Died, August 20, 1868.

**DR. CYRUS K. BARTLETT, 1868-1893**  
Successor to Dr. Shantz. Elected by unanimous approval of the Board of Trustees. Came from the Northampton, Massachusetts, Lunatic Asylum. Resigned, January 1, 1893.

**DR. H. A. TOMLINSON, 1893-1912**  
Appointed first assistant physician at St. Peter, 1892. From Friends Asylum at Frankfort, Pennsylvania.

**DR. R. M. PHELPS, 1912-1925**  
Assistant superintendent of the Rochester state hospital for many years. Had total of 40 years' state service when he left St. Peter.

**DR. GEORGE H. FREEMAN, 1926-48**  
Immediately prior to 1926, superintendent at Willmar state hospital. Graduate of University of Minnesota medical school. Accredited by the National Board in Psychiatry. Held membership in the American Psychiatric assn.

**DR. BURTON P. GRIMES, 1948-**  
Clinical director under Dr. Freeman. Graduate University Minnesota medical school. Came to St. Peter in 1937. On military leave from November, 1940, until same month, 1945. Held rank of Lieutenant Colonel in United

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## Credits

Cover sketch, St. Peter state hospital administration building, by Herbert L. Millington.

Photograph, Page 24, by Dick Magnuson.

Cartoon, Page 35, courtesy TRUE, The Man's Magazine.

Photograph, Page 47, by Walter H. Wettschreck.

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States Army. Postgraduate work at Washington University, St. Louis, Missouri. Returned to St. Peter July, 1946. Holds certificate in psychiatry from American Board in Psychiatry. Present superintendent.

Editor's Note: In her extensive research in connection with the writing of the St. Peter state hospital history, Mrs. Seaquist consulted the complete files of the *St. Peter Tribune* from 1865 on, also the numerous annual reports (starting in 1867) submitted to the Governor by the hospital's Board of Trustees and officers. The author also reviewed "A History of the St. Peter State Hospital, Plan B Paper." by Maebelle E. Johnson, December, 1948. Other publications studied were files from the *St. Paul Daily Globe*, the *St. Paul and Minneapolis Daily Pioneer Press*, *St. Peter Free Press*, and the complete files of the *St. Peter Herald* from 1901 to the present.