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H. A. DICKEL'S HISTORY
OF
PSYCHIATRY IN OREGON

Editted By

Charles Timothy Dickel, Ed.D.
1977

A monograph prepared for the H.A. Dickel Memorial Lectureship through the
Department of Psychiatry of the University of Oregon Health Sciences Center.

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AN INTRODUCTION

Charles Timothy (Tim) Dickel, Ed.D.

This monograph was originally laid out by Herman A. Dickel, M.D., but due to his death October 30, 1974, his efforts remained incomplete. As his son, I felt a responsibility to complete what he had begun. When I became involved in this task, I discovered that not only was I removed from the material professionally and geographically, but I also had not lived the history as my father had. Therefore, I simply could not complete all of the outlined historical areas that he had planned to do. It must be said that the history contained in this monograph is only a beginning, and it would behoove the Oregon psychiatric community to use this work as a point of departure in developing a more exhaustive history of its profession.

My father originally planned to write chapters which detailed the history of the men, the institutions, the organizations, and the problems in Oregon psychiatry, but declining personal health, the death of Henry H. Dixon, M.D. (Dad's cousin and professional partner for thirty years), and a cerebral vascular accident of the pons region in May, 1974, robbed him of much energy, enthusiasm, and confidence. Correspondence beginning in the late 1960's reflects a desire to complete such a history, and it is a loss to all of us that the history of which he was such a vital part could not have been fully recorded by him.

Although he is frequently mentioned in the following pages, it is well to review the life of Herman Anderson Dickel, M.D.. He was born on April 15, 1912 (the day the Titanic sank), in Republic, Washington. His parents had met while both were students at the University of California at Berkeley, and the family was in Republic while Herman's father practiced his profession as a mining engineer. Herman was the first born child, and his only other sibling, George Edward, was born in 1913. Correspondence indicates that Herman's father travelled professionally a great deal from 1912-1916, and I would suspect that may have accounted for the fact that his parents were divorced in 1916.

Curiously, during the same year, Herman contracted the rheumatoid arthritis which was so much a part of his appearance for the rest of his life. His mother and grandmother spent much time and money roaming the Pacific Northwest and California searching for someone who could give him relief and/or cure the arthritis, but as can be imagined, this was fruitless. Herman spent much of his youth in bed or on crutches, and his childhood friends have told me that they recall children carrying Herman to and from school. His mother's correspondence presents the fact that he had only been able to attend school a total of six years prior to his graduation, with honors, from high school in 1929 in Deer Lodge, Montana.

In the fall of 1929, Herman enrolled at the University of Montana in Missoula. He joined Kappa Sigma fraternity and enjoyed the social life as well as the abundance of spectator sports. He was to retain an avid interest in viewing sports throughout his life. Wanting eventually to go to medical school, Herman majored in chemistry and graduated (cum laude) in 1933. With this academic record, it is not surprising that he was accepted into medical school at Rush, Washington University, Northwestern, Cornell, Johns Hopkins, and Columbia. For unknown reasons, he chose Northwestern and began medical school in the fall of 1933.

Chicago of the Depression and Prohibition was an exciting place for a small town Montanan, and Dad used to tell of his many observations of Chicago life. From his Phi Beta Pi fraternity house on Rush Street, he ventured into the poverty of the Chicago slums, the rough and rugged world of the stock yards, and the wild merriment of the crowds the night Prohibition ended. He did well in medical school, and upon graduation, he came to Portland, Oregon for an internship at St. Vincent's Hospital on Westover Road.

Portland and the internship provided two situations which shaped Herman's medical career. First of all, his cousin Henry H. Dixon, M.D., was not only in private practice in psychiatry

in Portland, but he was also a guiding force in psychiatry at the University of Oregon Medical School. These two men were able to spend much time together, and they formed an extra-familial bond that was to last some thirty-five years. Henry Dixon was responsible for placing Dad in the Medical School's Department of Psychiatry as part of his internship in 1938. And, second, Herman met Lawrence Selling, M.D. during his rotation through neurology and psychiatry, and this man gave him great inspiration as well as direction. Dad told of reporting to Dr. Thomas Joyce for his surgical rotation, and after looking at Dad's hands Dr. Joyce said, "Dickel, you're never going to be a surgeon, so why don't you do another round with Selling and let someone who wants to do surgery have another round with me?" Needless to say, two rounds with Selling propelled Herman toward his professional life's work.

When the internship ended, Herman traveled to the Hasting's State Hospital in Engleside, Nebraska to do his residency in psychiatry. He spent from the fall of 1938 through the spring of 1941 at Engleside, but he did take six months off during 1940 to be an associate in psychiatry at Dr. Leo Kanner's Children's Clinic at Johns Hopkins University (the well-known Adolph Meyer, M.D., was then chairman of the psychiatry department at Johns Hopkins). Not only did Dad receive his psychiatric training at Engleside, but early in 1940 he met a student nurse at an autopsy, and on September 1, 1940 he and my mother (Elnora Elizabeth Dillow) were married.

Following the completion of his residency, Herman and his bride moved to Tacoma, Washington, where he became resident psychiatrist at the Puget Sound Sanitarium. He held this position for roughly a year during 1941 and 1942 and worked under the direction of A.C. Stewart, M.D.. Early in 1942, Herman published the first of more than sixty professional writings. Despite a close and warm relationship with Dr. Stewart, when Henry H. Dixon invited Dad to join him in psychiatric practice (along with Gerry Haugen), the move to Portland was made in 1942.

Being able to practice psychiatry for thirty years with his cousin and friend, Henry Dixon, was a true joy in Herman's life. He respected and admired Hank Dixon both professionally and socially, and I am certain that this admiration is reflected in the fact that Henry Dixon was always "Uncle Hank" to me. Their association resulted in a unified approach to psychiatry in Portland as well as more than thirty professional articles and the formation of a regional center for the treatment of anxiety through progressive relaxation. It seems as though Hank Dixon was the idea-man, and Herman was the man who could put the ideas into writing or action. It is hard to imagine what Oregon psychiatry would have been like today had Dixon and Dickel not worked together for three decades.

With entry into the psychiatric scene in Oregon in 1942, Herman immediately began giving his time to the Department of Psychiatry at the University of Oregon Medical School. I am certain that this was encouraged by the fact that Henry Dixon was Chairman of Psychiatry. Herman was appointed clinical instructor in 1942, assistant clinical professor in 1945, associate clinical professor in 1949, and clinical professor in 1964. He also served as a special lecturer in psychiatry at the University of Oregon Dental School from 1949 to 1962, and from 1966 to 1968 he served on the committee which elected Charles Holman, M.D., as Dean of the University of Oregon Medical School. It appears that Herman provided a very vital and necessary link between the psychiatrists in private practice and the faculty of the Department of Psychiatry at the University of Oregon Medical School.

In addition to his previously mentioned appointments, Herman was also:

1. Lecturer in Psychiatry, St. Vincent's Hospital College of Nursing, 1944-49, 1962-74.
2. Psychiatric Consultant to Oregon State Board of Parole and Probation, 1942-46.
3. Member, Board of Directors, Community Child Guidance Clinic, 1947-51.

4. Member, Board of Directors, Oregon Arthritis and Rheumatism Foundation, 1951-54.
5. Psychiatric Consultant, Oregon State Selective Service System, 1943-74.
6. Member, Advisory Committee to Oregon State Board of Control for State Training Schools, 1945-49.
7. Member, Advisory Committee in Mental Health to Oregon State Board of Health, 1957-62 (Chairman, 1958-59).
8. Chairman, Special Advisory Committee in Mental Health to the Governor, 1959-60.
9. Chairman, Medical Advisory Board, Veterans Administration Neuropsychiatric Hospital, Roseburg, Oregon, 1961-67.
10. Chairman, The Advisory Board to Division of Mental Health of Oregon State Board of Control, 1962-64.
11. President, Medical Staff, Portland Medical Center, 1963.
12. Member, Editorial Board, Western Medicine, 1963-74.
13. Member, Drug Advisory Council, State of Oregon, 1965-74.
14. Chairman, Planning Committee, Oregon Regional Medical Program, 1966-67.
15. Consultant in Psychiatry, Veterans Administration Hospital, Roseburg, Oregon, 1967-74.
16. Member, Medical Advisory Board, Oregon Regional Medical Program, 1967-74 (Chairman, 1967-70).
17. Member, Committee on Medical Education, Oregon Medical Association, 1967-74.
18. Consulting Staff, Foundation for Scientific Relaxation, Inc. (Chicago), 1968-74.
19. Member, Peer Review Committee, Oregon Medical Association, 1970.
20. Vice Chairman, Administrative Committee, Cedar Hills Psychiatric Hospital, 1972-74.
21. Psychiatric Consultant, White Shield Home (Portland), 1972-74.

One of Herman's great loves was being with people and serving in leadership roles, and in pursuing this, he held memberships in the following scientific and professional organizations:

1. Member, Multnomah County Medical Society, 1942-74 (President, 1956-57).
2. Oregon State Medical Society (President, 1958-59).
3. Fellow, American Medical Association.
4. North Pacific Society of Neurology and Psychiatry (President, 1948-49).

5. North Pacific District Branch of the American Psychiatric Association (President, 1957-58).
6. Fellow, American Psychiatric Association (Life Fellow)
7. Fellow, American College of Physicians
8. Fellow, Academy of International Medicine
9. Fellow, American Association for the Advancement of Science.
10. Fellow, Oregon District Branch, American Psychiatric Association (President, 1972-73).
11. Member, American Academy of Psychiatry and Religion
12. Member, Association for Research in Nervous and Mental Diseases.
13. Member, Western Electroencephalographic Society
14. Member, Portland Academy of Medicine (Vice-president, 1949).
15. Member, American Association for the Study of Headaches.
16. Fellow, Academy of Psychosomatic Medicine.
17. Alternate Delegate to American Medical Association from Oregon, 1962-64.
18. Member, American Physicians' Society for Physiologic Tension Control (Secretary-Treasurer, 1962-67; President, 1967-69).
19. Member, International Society for Comprehensive Medicine.
20. Member, American Association for the Advancement of Tension Control.

From work with the State's child guidance clinics, to reorganizing the current care and treatment of delinquent adolescents, to promoting the evolution of the new Division of Mental Health, to chairing the establishment of the Oregon Regional Medical Program, to providing leadership to both the medical and psychiatric communities, Herman A. Dickel's contributions were invaluable to psychiatry in Oregon, and it is so very appropriate that a memorial lectureship is being established in his name through the Department of Psychiatry at the University of Oregon Health Sciences Center. He would be very proud.

In addition to his professional accomplishments, Herman was a fine human being. He was vitally interested in people as his friendliness and peacefulness indicated. During the twenty-eight years that I knew him, he lived with the pain of his arthritis,

but he rarely mentioned it and certainly did not dwell on his handicap. Only in the last few months of his life did his arthritis become a handicap, and this he overcame through the use of a wheelchair. He had had the arthritis long enough to live with it, and in calling to tell a young clinical psychologist of Dad's death, who happens to be nearly completely paralyzed as a result of polio, he said that his association with Dad had taught him that being deformed need not interfere in relating to people or in leading a profession.

I will close with my last memories of my father, for they are so very vivid and heart-warming. In May, 1974, Dad suffered a mild cerebral vascular accident which affected his balance and gave him double vision. He was hospitalized for nearly a month under neurologist Robert S. Dow, and during that time he fought a tremendous battle trying to regain some mobility. The stroke influenced his confidence in dealing with people and made him aware that he should take advantage of the disability insurance that he had paid so dearly for so many years. Thus, he gave up his psychiatric practice, saw a few long standing patients occasionally at no cost at home over lunch, and prepared to become a consultant at Good Samaritan Hospital doing a survey of psychiatric needs.

Herman had been active in the tension control movement, and early in 1974, he had been asked to present the lead-off paper at the first annual meeting of the American Association for the Advancement of Tension Control in October, 1974. After his May stroke, he had a lot of trouble putting his thoughts down, and it was my pleasure to help him in this writing endeavor. On October 12, 1974, I read the paper entitled "Tension Control in a Psychiatric Setting: Experiences of Four Decades," and then Dad responded to questions. I feel very honored to have had the opportunity to appear professionally with my father, and I know that having me with him gave him much pride.

The meeting was in Chicago, and although Dad was in a wheelchair, he was not inhibited in his desire to prowl the city where

he attended medical school. He ventured out by himself on occasion, and when we went to Marshall Fields to look around he went his separate way to store departments that he wanted to see. Even down to the very end of his life, Herman had a fierce desire to see all that he could.

Dad died quietly early in the morning of October 30, 1974. It was a great loss for me, for he was not only my father, but also my friend. I really believe that I would be selfish to want to shoulder the entire loss, for the people of Oregon, the medical profession in general, and the psychiatric profession in particular benefitted from his having lived and practiced so vibrantly in the Northwest.

Finally, I would like to thank some people for helping me in the editing of this monograph. I have appreciated the historical help and support of Drs. Dean Brooks, Sig Berthelsdorf, Rogers Smith, and John Waterman. The patience of my wife, Gail, as I struggled with this work was most helpful. Dr. James Shore must be thanked for offering to get this published through the Department of Psychiatry at the University of Oregon Health Sciences Center. And, I could not have completed this task without the cooperation and typing skill of Mrs. Mary Kovar. I am indebted to each one.

October 18, 1977

Omaha, Nebraska

ACKNOWLEDGEMENTS
Herman A. Dickel, M.D.

For a period of several years, the author of this monograph has been collecting and saving what information exists on the origin, the early developments, the progress, and the maturation of the field of psychiatry in that section of the United States, originally quite large and designated "The Oregon Territory", but as we know it today, the State of Oregon.

To proceed without indicating in some brief way the manner in which much of this information was obtained would be a discourtesy to two of the men who were instrumental in instilling within the author some of the interest that has been present for the last quarter of a century. So it is easy to account for "gems" that come out of reminiscing with anyone who has been on the scene over a long period of time.

Two men stand out as most important in the history of this area. Everyone, of course is acquainted with the works of Dr. Olaf Larsell who, during his earlier years, his time at Linfield College, his preparation for and his long devotion to the field of anatomy, had time with all other things to slowly and meticulously put out the book so well known to all physicians and labeled The Doctor in Oregon.

Reference will be made here and there to the things that have come to us through Dr. Larsell's efforts. His book, though it is not complete about psychiatry, certainly filled in many gaps that were unknown to us prior to his collections, and his memory will long serve us in reminding us of our indebtedness to him.

From 1941 to 1942, it was the author's privilege to spend a considerable amount of time in practice, both at his sanitarium and through his office, with Dr. Albert Cross Stewart, who for many years was the Medical Director of the Puget Sound Sanitarium just out of Puyallup, Washington. He was, as well, an active participant in the private practice of psychiatry in downtown Tacoma. Early in 1941, Dr. Stewart had decided to retire. The

author's presence in his company was taken to mean that Dr. Stewart would retire, and the author would assume his practice. The war broke out, and now in his late 70's Dr. Stewart became extremely active, and announced in mid-1942 that he was not interested in retiring. However, during that year I spent with him, he told immeasurable, fascinating stories that have been collected and commented on in an earlier paper that Dr. Stewart and I gave before the May, 1942 meeting of the North Pacific Society of Neurology and Psychiatry (see Chapter IV that follows).

Dr. Stewart was a fascinating gentleman, and he gave to psychiatry in the Northwest a real warmth as he brought his completely dedicated medical approach to the then poorly understood and often scoffed at field of psychiatry. Though he was perhaps not the most prominent man in the Northwest through his years, nonetheless he presented an aspect of psychiatric treatment that was solid, well understood, and most frequently utilized by a great many men in general practice and in most of the specialties from Missoula, Montana in the East, and from Sacramento, California in the South. He was a fine Scottish gentleman, and above all other things, even counting his love of people and his devotion to helping emotionally and mentally ill people get well, was his enjoyment of stories--particularly stories that reflected his point of view and particularly the men from whom he had learned these points of view in the treatment of psychiatry.

Much of this work is reflected in what I, too, have learned from Dr. Stewart, including many anecdotes, stories about different individuals and little incidents which have happened in the field of psychiatry and have been handed down by word of mouth for the past 50 to 75 years.

To encompass all of these things, in a style closer to what Dr. Stewart himself might have given, I have included under Chapter IV of this monograph the direct use of the paper we gave before the North Pacific Society of Neurology and Psychiatry in May, 1942, and have likewise included as part of Chapter V the paper that I gave at the 24th anniversary of the North Pacific

Society of Neurology and Psychiatry, both meetings being quite aware of the fact that the pioneering history of psychiatry was in essence still unfolding before them.

Chapter I

AN INTRODUCTION TO THE AREA AND THE TERRITORY

Herman A. Dickel, M.D.

In writing the history of psychiatry for the state of Oregon, we are reminded immediately that to include more than just a few glimpses at the whole territory of Oregon would be a task beyond the scope of this book. When assigned the task of writing about the history of psychiatry in Oregon, it was for the purpose of writing a supplement to Dr. Larsell's book, and to present at the centennial meeting of the Oregon Medical Association the history of the various specialties. Our assignment was the field of psychiatry, and so in general we will limit ourselves to the history of that portion of the geography just within the present state boundaries of the state of Oregon. But to understand the whole picture, references are made to adjoining parts of the Northwest. Mentioned here will be the state of Washington, which of course lies so close to us that in the beginning there was great overlapping, and the province of British Columbia, for there, as it will be noted in the parts written by Dr. Larsell, was the first individual who could truly be called "insane" -- and by this I refer specifically to the case in 1789 when the Spanish seized the British ship Argonaut near Nootka Sound. The British captain, James Colnett himself became so disturbed that he was considered "insane" and tried to handle the situation through suiciding by jumping out of his cabin window. It was recorded that he later recovered and wrote an account of his experiences. Reference is also made to a man named Pelton who was considered an early case; although as will be noted in Chapter IV, his was approximately 12 to 15 years later, following the journeys to the West Coast of the early trappers and hunters that came into the Astoria area.

Where territories open up, where men proceed to go to settle the territories, there go the elements of mental illness, for they accompany mankind into every reach of mankind's environment. No one to date has clearly delineated the exact causes of mental illness. No one has completely circumscribed the elements which must be included as etiologic factors. No one has yet explained why the percentage of people who become mentally ill is roughly the same in one culture or society of people as compared to another. So we know that as the Northwest was settled, as the people by one means or another populated the plains, the valleys, the mountains, the little cities of the state of Oregon, mental illness in one form or another began to appear. Psychiatry was not a specialty in those days, and there were very few people in the medical field who could truthfully say they limited themselves to the treatment of the mentally ill. But we know that those cases existed. However, they were taken care of, as were so many illnesses in those days, by the medical people that were available. They did the best they could. They used the techniques and the methods that were available to them, whether it be the use of proprietary drugs, specific drugs, sedation, or what they could improvise with what they had at hand. The laws of the new territory obviously took care of many of these people, for they would wander off, get lost, get into difficult situations, or they would be carefully concealed by the family, and no one ever knew about them.

The over-use of drugs, alcoholism, the ordinary things that we consider mental illness were probably in the same proportion then as we have them now. It was not until the territory became a state and the state reached a certain population that a demand was made for the institutionalization of these people, and we have recorded in subsequent chapters the development of such institutions.

As will be noted in one of the following paragraphs, Oregon has perhaps always been rather distinctive in its handling of the mentally ill, distinctive because according to the stories

about the census of 1880, there have always been sufficient numbers of "idiots and imbeciles" roaming the streets of Oregon that an accurate population count could not be taken.

Oregon has been very forward in some areas of treating the mentally ill, and it has been very backward. It probably measures up to being equal with all the other states, struggling to the best of its ability to maintain reasonably good quality care for patients in a situation where it is difficult, at best, to meet the demands and the expectations of all people.

CHAPTER II

THE CARE OF THE INSANE IN OREGON*

Olaf Larsell, M.D.

The first reference to insanity among white men in the Pacific Northwest occurs in connection with difficulties which arose between the Spanish Expedition of 1789 to the Northwest Coast and British fur traders in the region. The Spanish commander, Lt. E.J. Martinez, who claimed that he had taken possession at Nootka, with the evident intention of settling a colony there, seized a British ship, the Argonaut, under Captain James Colnett, and placed the captain and crew under arrest, sending them and the ship to San Blas. Colnett became temporarily insane under the excitement, and attempted to commit suicide by jumping from his cabin window. He himself later described his condition as a "delirium." He recovered and wrote an account of the events. Another early case developed as a sequel of the massacre by the Indians of one of the trading posts of the American Fur Company built by Andrew Henry. Russ Cox states that Henry's post was destroyed in 1808, but Henry did not join the American Fur Company until 1809. The attack on his post at the Three Forks of the Missouri occurred in April, 1810. Whether it was from this or some other post that the subject of the following paragraph escaped is not clear. All but one of the fur traders were killed, according to the account. The one who escaped had wandered about for some weeks when he was captured by the savages in the Snake River country. He had suffered such hardships in the meantime that he had become mentally unbalanced. Instead of killing and scalping him, as would have been the fate of a normal individual under the circumstances, the superstitious attitude of the savages toward the mentally deranged caused them to care for him.

* Reprinted by permission from Olaf Larsell's The Doctor in Oregon Chapter XV (Oregon Historical Society, 1947).

Astor's overland party to the mouth of the Columbia, which started in 1811 under the leadership of Wilson Price Hunt, was obliged to split into two groups in its journey through the present state of Idaho because of the shortage of food, one group continuing under Hunt and the other led by Donald McKenzie. The latter came across the Indian band with the demented white man, who in the meantime had partly recovered. He gave his name as Archibald Pelton, stating he was from Connecticut. McKenzie took charge of him and brought him to Astoria, reaching the post in January, 1812. The Indians of the lower Columbia, in keeping with their custom of naming individuals according to personal peculiarities, having no word for insanity, used Pelton's name to designate one who was foolish or insane, labelling such individuals "Kahkwa Pelton" meaning "like Pelton". Gradually the name was metamorphosed to mean a person of disordered mind, thus "Pelton klootchman" was used to mean a demented woman. The word became part of the Chinook jargon and appears in Chinook dictionaries as designating mental affliction.

One of the members of Wilson Price Hunt's party, John Day, became so exhausted in December 1811, near the present site of Weiser, Idaho, that the party was obliged to leave him. One of the party, Ramsay Crooks, remained with him, the two being instructed to continue on when able to do so. After great hardship and mistreatment by the Indians, who detained them for a time, the two finally reached the remainder of the party on the Columbia River. Day had become demented as a result of his sufferings, but continued with Hunt and his men to Astoria, which was finally reached in February, 1812. This was the John Day after whom two Oregon rivers are named, one in central Oregon, the scene of his wanderings, and one in Clatsop County. He recovered sufficiently to be assigned to Robert Stuart's party, bound for St. Louis, the following spring. Washington Irving states that his dementia became violent again on reaching the mid-Columbia region and that he died there, but more recent investigation indicates that he died on Birch Creek, in the present state of Idaho, on February 14, 1820, apparently having recovered sufficiently from his earlier mental affliction to become active for eight years.

No other specific cases of insanity appear to be mentioned in the early records of Oregon, but the provisional government at Champoeg, on July 5, 1843, adopted statutes based on the laws of Iowa Territory in which is found the first official reference to the care of the insane. "An Act Concerning Insane Persons" was passed, Section 4 of which makes it the duty of the probate court, on receipt of proper information in cases of suspected insanity, to direct the sheriff of the county to summon "a jury of twelve intelligent and impartial men to inquire into and decide whether a person be insane. The words 'insane person' being intended to include every idiot, person not of sound mind, lunatic or distracted person. If a positive decision be forthcoming, the probate court will have the power of appointing three guardians of the person and his property, which, on proper presentation may be sold or disposed of to pay for the care of the insane person or in his best interests. If there is no estate or if the father or mother of such person shall not be of sufficient ability, nor the children, grand-children, or grandparents, to maintain him as their own charge, the unfortunate shall be entitled to relief as paupers and be maintained under the care of the overseers of the poor." In Section 5 it was provided that "All persons insane, who have no property for their support shall be entitled to all the benefits of the laws of the Territory for the relief of paupers, and, the overseers of the poor and all other persons concerned are directed to govern themselves according to the provisions of the laws for relief of the poor."

The guardians had authority to provide for the safekeeping of such persons, the maintenance of their families, and the education of their children. If it seemed advisable to the safety of the insane person, or the property of others, it became the duty of the guardian to confine or guard the maladjusted individual. Section 25 provided that "all the expenses of taking care of such insane persons and the management of his estate shall be paid out of his estate, if it be sufficient; if not, out of the county treasury."

Apparently these laws did not entirely meet the needs of the young settlement, for on December 24, 1844, an "Appropriation Act--Also an Act Providing for Lunatics" was passed by the provisional legislature, which among various other items, includes the following: "Section 8, That the sum of two hundred dollars be and the same is hereby appropriated to defray the expense of keeping lunatics or insane persons in Oregon."

"Section 9. That if there be any such lunatic, upon complaint made to a justice of the peace, such justice shall cause such lunatic to be brought before him and if satisfied that such person is a lunatic, shall cause him to be let out publicly, to the lowest bidder, to be boarded and clothed for one year and shall take bond and security to Oregon, that such bidder shall clothe and board such lunatic for one year according to law."

The federal census of 1850 indicates five insane persons in a total population of 13,294. The number must have increased and more adequate provision for segregating them appears to have been needed, however, for on January 31, 1853, both the House and the Council passed a resolution requesting the Oregon Delegate to Congress to use his best endeavors to obtain a liberal donation for establishment for an insane hospital in the territory. This document was signed by B.F. Harding, speaker of the House of Representatives, and M.P. Deady, president of the Council. The resolution failed of the desired result, but the problem continued to grow as the population increased. On December 15, 1853, the territorial legislature passed an act providing for appointment of guardians of insane persons upon application of relatives, friends or residents of the county, the guardians to have custody of both person and property.

Apparently the burden on some of the counties became too great. In response to a petition dated January 23, 1855, signed by many of the leading citizens of the territory, an act was passed on January 30 making the insane the wards of the territory, the expenses of those unable to pay to be met from the territorial treasury. The principle of maintenance of the insane at public expense thus was adopted early in Oregon's history. This act,

however, was repealed January 1, 1856, and the burden of financial responsibility was thrown back on the estates of the individuals, if the estates were inadequate.

North of the Columbia the first mental case to attract attention was a sailor, Edward Moore, who was found wandering on the beach a few miles from Seattle, in 1854. He had wandered about aimlessly for some time, living on raw mussels and receiving occasional help from the Indians, but becoming increasingly demented. The white men who found Moore brought him to Seattle where he was placed in the custody of David Maurer and S. B. Simmons, who conducted a hotel. He had been so exposed to cold weather that his toes were frozen, necessitating amputation. This was performed with a sharp axe, for want of surgical instruments, by a Doctor Williamson of Seattle. The patient was looked after for a time at the hotel, but with little alleviation of his condition, the people of Seattle and King County in the meantime paying the bills. Finally arrangements were made with Dr. N. P. Burns, of Fort Steilacoom, to take charge of him, the King County authorities promising to attempt to obtain funds from the territorial legislature to pay for his care. The legislature of 1855, however, faced with a bill of \$1,656 for the patient's care, and having a total income of but \$1,199.88, declined to assume the responsibility on the ground that Moore was not a legal resident of the territory. Dr. Burns sent him back to Seattle, where he was attended to by various individuals for a time. Arrangements finally were made to ship the deranged man to San Francisco with a view to returning him thence to his home in Boston. The story ends at San Francisco, no further record of this unfortunate individual having been found.

On January 5, 1856, the territorial legislature asked the federal government for help in caring for the insane who occasionally were set ashore from visiting ships. It is not clear what came of this request, but in 1862 the legislature of Washington Territory recognized its obligation to provide for the mentally afflicted. A contract was entered into with the Sisters of Charity at Vancouver on January 29 of that year, by

which care would be provided at eight dollars per week per patient. St. John's Lunatic Asylum, as it was called, was established at Vancouver under the patronage of the legislature and governor of the Territory of Washington, and the direction of the Sisters of Charity of Providence. The rate, according to advertisements in the local papers, no doubt for private patients, was \$1.50 per day. During the first year the territorial bill amounted to \$2600. Disagreements over the method of payment resulted in transfer of the patients to the Hawthorne-Loryea hospital in East Portland for a time, but a satisfactory adjustment appears to have been made and the contract continued until 1866. On its expiration that year, the insane patients, eleven in number, were transferred to the care of Huntington and Hayes at Monticello, now Longview, Washington. The need of institutional care and segregation continued to grow in Oregon, but lacking hospital facilities there was no way of effecting it. In 1860 the Oregonian commented on the situation as follows:

"We are glad to see the papers taking up the subject. We have had an apology, in the young and weak condition of our state, for neglecting to provide a proper fund for the insane. When in condition to provide such an institution, a neglect to do so would be very discreditable to us, would almost be a species of barbarism. All of the states of the union of this age we believe have insane asylums."

This quotation is but part of a long editorial on the insane. In a later issue the suggestion was made that the insane from Oregon might be cared for by the Sisters of Charity at Vancouver, Washington Territory, in the hospital there established, without great cost to the Oregon public treasury. This plan, however, did not materialize.

After consulting many of the more prominent men of the state for moral and financial backing, Drs. Hawthorne and Loryea in 1861 decided to establish a private institution for mental cases in Portland. The Oregonian published the following revealing item:

"We have urged the necessity of the establishment of an Insane Asylum by the state. The means of the purpose should have been appropriated at the last session of the Legislature. It was not done, and we are glad to learn that Drs. Hawthorne

and Loryea, of this city, are about to get up a private institution, in which the insane can be properly cared for. The following interesting letter has been put into our hands, and we take pleasure in presenting it to the public:"

Yoncalla, Ore. Aug. 24, 1861

"Drs. Hawthorne and Loryea --Gentlemen:--Your very flattering letter of the 19th inst. has been received. You certainly have my warmest wishes for your success in the humane undertaking in which you are embarked, and I much regret that my circumstances at present prevent me from rendering you more substantial aid. The asylum for the insane at Stockton is an evidence of progress in the right direction of which our sister state may well be proud, and I hope Oregon will soon follow her philanthropic example. Our county supports an insane pauper, who, I think, with proper care and treatment might be restored to reason and usefulness, and when you are prepared to receive patients I shall use my interest in having her placed under your charge."

"I think it my duty, however, to decline the honor you propose to do me, in favor of a gentleman better able to advance the interests of your institution. I see very few of the people and seldom attend courts or other public places. As a trustee I would therefore recommend Judge D.C. Underwood, as in all respects the most suitable person for the post in this country. He has for long had almost the entire management of our county affairs.-- knows and is respected by everybody, and will take not only an active part in procuring patients, but in raising funds (if needed) to aid you in your praiseworthy efforts, for the benefit of those most unfortunate of the human family.

Very Respectfully Yours,
Jesse Applegate' "

Dr. J. C. Hawthorne had come to Portland in 1857. The following year he had assumed charge, under contract, of the indigent sick of Multnomah County. He became interested in the care of the insane and, with Loryea, investigated the possibilities of an asylum, as related. Dr. A. M. Loryea had arrived in Portland from San Francisco in 1859. He appears to have been a man of considerable business acumen who saw the financial possibilities of the proposed hospital. Assured of support, the two physicians launched the project in September, 1861. A temporary building was erected on Taylor Street, between First and Second Avenues. In the dedicatory address Dr. Loryea stated that in his opinion the commonwealth should authorize the establishment of an insane hospital, and when that was done he and Dr. Hawthorne would turn over their institution and its patients to the state, but for the

present it was the state's duty to lend its support to the new venture. A special contract had been arranged by the doctors with Multnomah, Linn, Lane, and Washington Counties for the care of insane from these units. Probably there were private patients also.

About four months later the Oregonian commented on a new site in East Portland, where it was proposed to build a larger hospital. The proposed location was a tract of land north of Hawthorne Avenue and east of Southeast Twelfth Avenue. A building was erected in the summer of 1862, and the institution was named the Oregon Insane Hospital. Here, on contract with the state, Drs. Hawthorne and Loryea, until 1872, and subsequently Dr. Hawthorne with salaried assistants, cared for the insane until the State Asylum for the Insane was completed at Salem in 1883, as related in greater detail in the following pages.

The census of 1860 showed twenty-three insane in Oregon. In a special message to the Oregon Legislature on September 15, 1862, Governor A. C. Gibbs called attention to the large number of these unfortunates who were receiving no care in the state and recommended the purchase of land and erection of a hospital as speedily as possible. Until this could be done he recommended that arrangements be made with Drs. Hawthorne and Loryea to care for them at public expense in their private hospital.

The legislature took action on September 27, 1862, by which the governor was required to contact suitable persons in the state for safe-keeping, care and medical treatment of the mentally afflicted. Since Hawthorne and Loryea had the only facilities and no one else applied for the contract, one was made with them on September 29, 1862 to furnish medical treatment, clothing, board, shelter, etc. "to all indigent insane and idiotic persons sent to them by the county court of any county in this state until discharged--for which the state agreed to pay twelve dollars per week for each person so sent." Surety for faithful performance of these duties, in the amount of \$10,000 was provided by the doctors. The law also required appointment of "two visiting

and inspecting physicians." Drs. R. Glisan and R.B. Wilson of Portland were appointed. At first there were but twelve patients, but by the spring of 1863 the number had grown to twenty-eight supported by the state, and one private patient.

The visiting physicians reported to the governor in May, 1863, as follows:

"His Excellency, Addison C. Gibbs, Governor of Oregon
Sir:

Agreeably to your desire, we made a brief visit of inspection in company to the Oregon Insane Asylum on May 1, 1863.

We have the honor to report 29 inmates of the institution, 24 males and 5 females. The condition of one or two is such as to encourage us in the belief that, in a short time, their discharge may probably be expedient. The proprietors seem to be zealously engaged in having the grounds graded and improved, and it is their intention to surround the whole with a neat and substantial enclosure. The wardens affable and efficient, and the inmates almost unexceptionally express themselves as being well cared for. Upon the whole, general management by the resident physicians seems to be such as to merit our general approbation. We have the honor to be, Sir, Very respectfully your obedient servants.

R. Glisan
R.B. Wilson"

Doctors Hawthorne and Loryea took their responsibility seriously and labored assiduously to restore their charges to health and happiness. They corresponded with men of experience both in Europe and America as to the best wishes of caring for the insane. It was said of Loryea who with his family resided at the asylum that he spared no effort in being kind to its inmates, walking and playing with them, amusing them with various games, and endeavoring to keep them from brooding over their cares. The doctors made their first biennial report of the hospital to Governor Gibbs under date of September 1, 1864. They called attention to the difficulties they had faced at first. Because of an unexpected number of patients, their main building had proved too small, requiring construction of additional units, suitable furniture had been difficult to obtain; and "faithful, honest and efficient officers" to carry on the business transactions of the hospital had given them some trouble to secure.

They further stated that the majority of the patients received had diseases of long standing, and as a result were seldom curable. The total number received to September, 1864, was fifty males and thirteen females, of whom thirteen males and one female were reported cured. Three died and three escaped. The number of state insane patients remaining on September 1, 1864, was forty-three, with two additional idiotic cases. There thus had been a total of sixty-five patients. Eleven private patients had also been received during the biennium, two of them from Washington Territory. The private patients paid three dollars per day, exclusive of clothes and washing, and "were satisfied." The expense to the state for the biennium was \$37,837.56.

The high cost to the state was explained by pointing out that the expense of maintaining an insane hospital necessarily was considerable. Reports and experiences of a number of eastern states were cited to prove this point. Some patients had been sent to the hospital as paupers, although possessed of sufficient property for their support, or at least it had been so reported. The proprietors state: "If this is a fact it is not the fault of the law, but an error or oversight in the County Judge; the statute is quite distinct and imperative on this point."

The visiting physicians, Drs. Glisan and Wilson, in a second report dated August 15, 1864, commended Hawthorne and Loryea on their conduct of the hospital, recommending continuance of the arrangements with them by the state. They held that a state asylum on a permanent basis was then unpolitic and premature, in view of the relatively small number of insane. It had been charged that Drs. Hawthorne and Loryea kept patients after they had been cured for the revenue derived from their care, a charge that was proven false by the inspecting physicians. On expiration of the original contract in 1864, it was renewed for four years at \$10.00 per week per patient for fifty patients or less, \$9.00 per week for fifty to seventy-five patients, and \$8.00 per week for 75-125 patients. During the biennium 1864-66 eighty-one patients were admitted.

By the spring of 1866 the institution had been enlarged by the addition of two wings and another floor on the original

structure, making it three stories high. There now were eleven wards with a total of one hundred beds for patients. In the rear of the main building a small frame structure had been erected for the care of county indigent sick, the majority of whom were afflicted with tertiary syphilis. These indigents were maintained on a contract with the Multnomah County Commissioners. With reductions by cures, deaths, and escapes, seventy-seven individuals whose maintenance was paid by the state remained on September 1, 1866. There also were three private patients on that date, thirteen having been admitted during the period. A better classification of cases and more skilled attendants had resulted in a larger number of cures. In 1868 the state contract was renewed for two years at \$6.50 per week per patient, there being ninety-one inmates at the time. In 1870 the number was one hundred eleven.

Dr. Hawthorne had made an extended tour of eastern states in the winter of 1865 for the purpose of studying insane hospitals. He reported that in point of comfort and curative results, the Oregon hospital was equal to the best, adding that he felt some pride in making this statement since four years previously Oregon had possessed no provision for the care of its insane citizens. Editors from various parts of the state had been invited to visit the hospital and had written commendatory editorials in their respective newspapers. The young hospital appears to have been doing excellent work for its day, and to have found favor with the public.

Apparently only one visiting physician was appointed after 1864, Dr. W. H. Watkins being named in the second report, while Dr. J.S. Giltner, Dr. A. D. Ellis and Dr. C.C. Strong are mentioned in successive biennial reports, serving one or more terms each, but alone. Their reports to the governor are invariably favorable. In 1867 Mr. John Kenworthy was named superintendent.

In the annual report of Dr. J.S. Giltner, as inspecting physician in 1866, a ratio of about three male patients to one female is indicated. Ten per cent of those treated were cured

and restored to health as useful members of society. Three inmates had escaped and it was reported that they had done well since. Five deaths occurred during the year, one of them being a case of acute mania, resulting from exhaustion; three died from softening of the brain (which might have covered a number of causes) and one from epilepsy. Almost all nationalities were represented, including Chinese and half-breed Indians, but the greater number were Americans. The inmates were of all vocations, but most of them had been farmers, housewives or laborers. The inference was drawn, since most of them were of the laboring class, that continuous physical labor, without an adequate amount of mental work or recreation, was one of the most frequent causes tending to bring on insanity. It was recommended that amelioration of physical labor and increasing their "mental culture" was desirable to reduce the propagation of insanity among the laboring class. Intemperence was blamed as one of the most frequent causes of insanity, as was onanism. Other causes such as pecuniary losses, domestic afflictions, religious excitement, etc., resulted in all but a small percentage of the insane, according to the report. The physician added that "quite a large proportion of the cases remaining are chronic and treatment will have little effect on them." He recommended that this group be segregated and kept separated from the others, suggesting that the state should not pay as much toward their care.

The report continued: "The treatment in most cases had been hygienic and this, accompanied by kindness and moderate restraint in many cases, answers a very good purpose. The success of the treatment will bear favorable comparison with similar institutions in other states when we take into consideration the two exciting causes to which special attention has been called in this report predominating to a larger extent on this coast than in the Atlantic states and in consequence thereof, the ration of insane in proportion to the inhabitants is greater on this coast."

During his official connection with the institution of inspecting physician, Dr. Giltner reported that but four cases had

required discipline, and that had been applied in the mildest form. Several instances occurred necessitating confining the hands of patients to prevent them from injuring others, and a number had to be confined to their rooms for several days. Kind treatment had gone a long way and had given the best satisfaction wherever the plan was strictly followed.

This was the most complete report of conditions existing at the Oregon Insane Hospital in its early years. It gives the impression of humane treatment of insane persons of that day. Reports to the contrary and angry letters to the Oregonian appeared shortly afterward. The Herald, a Portland newspaper at the time, came to the defense of the proprietors and every official investigation reported satisfactory conditions.

In 1870 the hospital and its grounds are described as follows:

"Across the river from Portland on the Willamette, and less than a mile from the landing of the ferry, is located the State Insane Asylum of Oregon, having a situation admirably fitted to insure the health, comfort and enjoyment of its inmates, and easily accessible, while it is sufficiently removed from the busy haunts of trade to give that quietness necessary to the disturbed and perverted intellect that seeks its shelter. The main body of the house fronting to the west gives a view of a beautiful grove of fir trees, which only needs the hand of taste in embellishing the grounds, to make it the pleasantest of resorts and the pride of the neighboring city. On the other side, another, but smaller, grove is enclosed for the exclusive use of the patients, and provided with the means of enjoyment and exercise."

"The main building is forty feet square and three stories high. From the rear two wings are extended, thirty-four feet in width by seventy feet in length, two stories high. At the end of the left wing a tower is erected, having a base of twenty-four feet square and a height of eighty feet, enclosing on its top a tank of a capacity of 12,000 gallons."

"Kitchen, dining rooms and other outhouses are also conveniently arranged in the rear. The tank is filled every night, by the use of horsepower, with the purest of water from a never-failing spring upon the premises, and distributed to all parts of the house by iron pipes. About fifty gallons of the water are used daily for each patient. The bakery furnishes bread of an excellent quality, and at the present time uses about fifteen sacks of flour per week, baking every other day. Gardens are adjacent to the grounds, that furnish vegetables for the use of the inmates, and of every variety, to last the year. Eight to

ten cows furnish milk for the establishment, and forty hogs are fattening in the stalls for the winter's use. Food for the hogs is kept and prepared for use in the same buildings, economizing the labor and utilizing all the waste from the hospital. The pens are kept in a cleanly condition, and at a sufficient distance from the dwelling so that they cannot offend. Barns for the keeping of the cattle and storage of hay and straw for bedding, a very large quantity of the latter being required, as each day more or less has to be furnished now, in consequence of the habits of the patients."

"The situation of the building itself is upon an eminence, surrounded upon all sides with ravines sloping to the river bank, giving perfect natural drainage, as well as a commanding view of the river, with its busy life and scenes of varying interest. The effect of this alone upon the health can hardly be estimated, as such an institution possesses tendencies on the part of the patients always towards the inception of disease. The perfect cleanliness that is so rigidly enforced within the building is a continuation of these hygienic measures."

"The result has been that the history of the institution shows almost perfect immunity from disease prevalent in the surrounding community."

By 1870 the hospital had a capacity of 120 to 130 beds, and a personnel of fifteen, including the attending physician, Dr. J.D. Hawthorne. In spite of the healthy situation described in the medical journal some of the patients became ill with various diseases while in the hospital. These are described as three or four attacks of intermittent fever and several lung afflictions. Diseases of the lungs was the most frequent cause of death. Rheumatism occurred to a small extent, but paralytics were few.

The number of patients increased each year. On September 1, 1866, seventy-seven state and three private patients remained; two years later there were ninety-one; in 1879, one hundred twenty-two; in 1872, one hundred sixty-seven; in 1874, one hundred ninety-five; in 1876, two hundred eighteen, and in 1878, two hundred thirty-five. Many of them must have been entirely destitute, for the legislature of 1873 appropriated a fund of \$500.00 to enable recovered patients to return to their homes or friends. In his report of September 1, 1874, Dr. Hawthorne stated that he had spent \$238.25 of this fund and asked for an appropriation of \$261.75 to continue its purpose.

The alarming increase in number of patients and the heavy drain on the state's income brought to the fore again the proposal for a state asylum. In the later reports of the visiting physicians, attention was directed to the probability that at no distant date the interests of the state would demand a different type of institution. Hawthorne, in his report of 1870, had pointed out to the governor and legislature the desirability of inaugurating some plan that would result in building a state hospital within a reasonable time. He recommended a small special tax annually, to be allowed to accumulate as an asylum fund. Since, by constitutional provision the state indebtedness at the time could not exceed \$50,000, no other way appeared open. Hawthorne estimated the cost of a building sufficient to care for two hundred patients at \$250,000, and indicated that two years would be required for its construction. In 1878 he again called attention to "the large and respectable number of citizens" who favored building and equipping a hospital by the state, and added that he "fully coincides." He recognized that the state debt already existing must be liquidated before any new buildings could be erected, and that the state capitol must be completed, but advised levying a small tax to purchase the site. His earlier estimate of \$250,000 as necessary for building probably was excessive, but it called attention rather forcibly to the need.

Loryea had sold his interest in the venture to Hawthorne in 1872, and had moved to San Francisco. From this time Hawthorne had been the sole proprietor. Dr. George E. Nottage became assistant physician at the hospital in 1874, and in 1877 Dr. S. E. Josephi was added to the medical staff.

In 1866 a proposal had been submitted to state authorities by Drs. Horace Carpenter and J.A. McAfee of Salem, to keep the patients for 56 cents a day if buildings were erected on grounds owned by the state. An offer had been received to build a good wooden building for \$6,400, and to have it ready for occupancy when the current contract with the Oregon Insane Hospital expired.

It was proposed, according to one of the letters to the Oregonian, that "Doctors Carpenter and McAfee can put patients into this building and care for them under their bid, or some of the many doctors here (Salem) can be employed by the year to run the institution for a salary which is a better way. The true interests of the state demand that the insane should be placed under the immediate control of the state and that the ruinous and unjust contract system be at once and forever abolished. The future management of the insane is the most important matter before the legislature as one-half of the state taxes during the last two years have gone to enrich Hawthorne and Loryea. Oregon has been fleeced. The members are waking up to the subject and beginning to act." Accusations of detaining patients who were cured, and other charges were made. Hawthorne gave notice that any patient in the asylum was at all times subject to inspection by his or her friends, and that he would welcome an investigation of the institution by a committee of competent physicians, to be appointed by the governor. A committee was appointed, and was very favorably impressed.

In 1868 Governor Woods had strongly recommended construction of a state hospital, and a bill was passed appropriating \$40,000 for the purpose. After receiving the governor's signature the bill was recalled for reconsideration by resolution of the legislature and died in committee.

Criticism of Hawthorne and Loryea's hospital became so severe that a grand jury investigation was undertaken in 1869. A majority report found in favor of the management, but a minority still accused Hawthorne of failing to release patients who had been cured, presumably for the sake of the income retention of such individuals would bring him. The inspecting physician, Dr. J. S. Giltner, however, made the following statement:

"I hereby certify that I have made my official visit since the minority report of the Grand Jury was submitted to the Court of Multnomah County, and have made a special examination of the patients named in said report of being sane and of sound mind, being illegally detained by the resident physician,

Dr. J. C. Hawthorne, and upon thorough examination, find said patients still insane and not convalescent, but in the same condition they were on the first admission, and it would be altogether injudicious to discharge them at this time to the annoyance of the community and injury to themselves. Further, that there is not at this time any patient in the Asylum whose mind is fully restored or shall be discharged.

J.S. Giltner, M.D.
Inspecting Physician,
Oregon Insane Asylum."

This report was sent to the editor of the Oregonian, together with a dignified letter, by Dr. Hawthorne. The Oregonian and influential citizens of Portland supported the local institution and its management. Among the friends was Mr. Thomas Lamb Eliot, minister of the Church of Our Father, who for two generations was one of the strongest forces for good in the city and state.

Miss Dorothea Lynde Dix, then an internationally known champion of the indigent insane and of the unfortunate in general, visited the asylum twice during the summer of 1869. Miss Dix's earlier labors elsewhere had resulted in the establishment of many insane asylums in reforms in numerous jails and almshouses in the United States, as well as in sweeping reforms in the care of the insane in many of the countries in Europe. She, therefore, was known by reputation to the reading public of Oregon, and her personal inspections of the Portland hospital gave her a first-hand knowledge of the local situation, both with reference to facilities and the care of patients. It is likely also that Hawthorne had consulted her with reference to his hospital during his journey to the East in 1865. Perhaps he then had enlisted her interest sufficiently to cause her to visit the Pacific Northwest in 1869. She apparently looked into the conditions of care of the insane in Washington Territory at the same time, since subsequent letters to Mr. Eliot refer a number of times to Washington and the proposed asylum at Steilacoom.

After return to the East, Miss Dix wrote Mr. Eliot in 1870, letter undated, regarding the asylum at Portland: "Try to keep it at Portland for the present. There will be an effort at removal to Salem which will be premature." Again she wrote, in an undated letter, but which also must have been in 1870: "I very earnestly wish every measure taken for sustaining Dr. Hawthorne in his charge. Quite sure it is the best arrangement that can be made at present and for a long time on behalf of his patients and for the State." Hawthorne himself had written Miss Dix regarding developments, and on the eve of the departure of Mr. and Mrs. Eliot for the East, he wrote Eliot as follows:

"Portland

June 21, 1870

"Rev. Mr. Eliot

Dear Sir:

I have written a letter to Miss Dix directed to Washington D. C.. In this letter I have given her the names of the Newly Elected State officers and also those now in position also some of the Senators & Representatives Elect with the request that she should write to them on the subject of the Insane Act. I have also advised that a letter for publication in the 'Daily Oregonian' with a full Statement of the Cost of a Suitable building &c with the reasons for continuing their treatment as at present would do material good.

As a friend of the insane & unfortunate and also to the institution which I control I ask of you to see and speak to her and if she is well enough please have those letters written. I think it will do good. I am fully aware that there will be a great effort made to remove the Institution to Salem and the good and comfort of the insane will not be considered by those who are in the movement.

Mrs. Hawthorne joins me in wishing yourself and Mrs. Eliot a safe and pleasant journey and a pleasant visit to the old folks at home.

I remain

Yours Very Truly in haste

J.D. Hawthorne"

Governor Woods in 1879, renewed his recommendation to the legislature that a hospital be built, but the contract with Hawthorne and Loryea was renewed for four years. It does not

appear on the record, but it is very probable that the activities of Mr. Eliot and the letters written to him, and no doubt to others, by Miss Dix played an important part in forestalling a premature move to establish a state operated institution. Many begrudged the sums being paid to Hawthorne, but the insane were receiving better care than they probably could have been accorded in a state operated institution under the political and economic conditions of that period. Again, in 1874 the contract was renewed for a four year period, this time at a rate of \$5.50 per week per patient. In 1878 the governor was authorized to renew the contract at \$5.00 per week despite continued criticism of the hospital and its proprietors, as well as of the rates charged. The latter, however, were not exorbitant when compared with charges in similar institutions in other parts of the country. There were renewed proposals to build a state asylum. In 1877 the hospital cared for two hundred thirty patients, at a cost to the state of \$70,000 paid in gold. This was fifty-two per cent of the state's income. There is no question that the hospital yielded a good return to Dr. Hawthorne, but he appears to have made every effort to give his patients good care. A committee of the senate, appointed to investigate the situation reported in his favor. Various proposals for some other means of caring for the burden were made, but community interests also were involved. The organic law of the state provided that all state buildings were to be located at Salem. The Oregonian comments:

"Like Oliver Twist, Salem is crying for more. Now it is the Insane Asylum that is wanted. It is pretty generally understood that an appropriation for erecting a State Asylum is altogether out of the question. Dr. Carpenter proposes to furnish buildings and keep the insane of the state for four years at the rate of \$4.75 a week per patient. Or to erect upon state grounds suitable buildings large enough to accommodate 200 patients and keep the insane for \$4.00 a week, providing that in four years the state takes the buildings off the contractors hands." But it was obvious that Dr. Carpenter was not equipped to take care of two

hundred insane patients, and no other individual in the state was able to properly care for them except Dr. Hawthorne. If he would not cut down his figures, the state had no alternative but to accept any terms he might propose. It was proposed that \$100,000, with convict labor, would build an adequate lunatic asylum, with the suggestion that sound policy would dictate that a contract be let to Dr. Hawthorne for two years and an asylum be erected in the meantime.

It is interesting to note, while Dr. Hawthorne was getting six dollars a week per patient at this time, that in 1870 in the city of New York, under Tammany rule and in the very midst of an era of unparalleled public fraud, with Boss Tweed in all his glory and power, the weekly cost per patient in the New York City lunatic asylum was \$27.52. At the same time the insane kept at Blackwell's Island for New York cost the city less than \$2.00 a week. In defense of the apparently high cost of caring for the insane in Oregon, many believed that the only humanitarian course that could be pursued was to give them the best possible treatment. It was felt that it was more important that office holders of the state should be reduced. Even though the insane were kept on Blackwell's Island for two dollars per week, it was recognized that these unfortunates were given very inadequate care. The idea seemed to prevail at that time that insane people eat more than those mentally normal, and that this might explain the higher cost of keeping them.

Finally, on October 25, 1880, the legislature passed a bill providing for a state institution for the care of the insane, appropriating \$25,000 from general funds, and levying a tax of one mill for the purpose. The building was to be located in Salem on land belonging to the state, about one-half mile from the penitentiary. The cost was not to exceed \$100,000, excluding convict labor, which was to be used in its construction, but in 1842 an additional sum of \$44,000 was appropriated to complete the building, with \$40,000 more for equipment. The asylum was to be large enough to care for 412 patients adequately, in addition to the necessary number of employees.

Dr. Hawthorne died on February 15, 1881 "at the summit of usefulness and in the prime of manhood, universally regretted, and with those who knew him, he has left the memory of a broad-minded, courageous man gifted with great talent, whose career was eminently useful to his fellows and in every way worthy of emulation." It was said of him that he was among the few who at that time had gained national renown in the treatment of the mentally ill. Following his death, the institution in East Portland continued under the able direction of Dr. Simeon E. Josephi, who had become connected with it as one of the business staff in 1867. In 1875 he decided to study medicine and graduated from the University of California Medical School in 1877. Since that time he had given his attention primarily to mental diseases, as assistant physician at the Oregon Insane Hospital. Undoubtedly Josephi was the best qualified man in the state to succeed Hawthorne in the management of the institution.

A board of trustees, consisting of Z.F. Moody, governor; R.P. Earhart, secretary of state; Edward Hirach, state treasurer; and C.B. Moores, secretary, formed the responsible governing body of the state asylum, the governor serving as president. The completed hospital building was turned over to this board October 20, 1883, taking them over from Dr. Josephi and Mrs. J.C. Hawthorne, acting for her deceased husband. Removal of the patients from Portland to Salem was accomplished successfully on October 22, 23, and 24; two hundred sixty-eight males and one hundred two females being moved by train. These numbers included insane patients from Idaho Territory, who had been kept by Dr. Hawthorne under private contract at \$6.00 per week, per capita.

The state received \$4795.72 for the care of the Idaho patients from the date of reception to November 1, 1884, and the further sum of \$1300, it was reported, would be due for the quarter ending December 31, 1884. An additional sum of \$2699.94 had been received or was due from patients whose expenses were being met by relatives or friends. In June, 1885, the Idaho

patients were removed to the asylum then recently completed by the Territory of Idaho at Blackfoot.

Dr. Horace Carpenter, who had been active for years in efforts to establish a state asylum, was made the first superintendent. He was a surgeon and his qualifications for dealing with mental illness could not have been extensive. The governing board adopted a set of by-laws, with rules and regulations for the conduct of the asylum, in 1884, in which Dr. J.W. Givens is named as first assistant physician and Dr. A. J. Giesy as the second assistant. Carpenter served as superintendent for seventeen months. On December 1, 1885, he was succeeded by Dr. Josephi, whose more extensive experience, coupled with more intensive study of insanity, gave him greater knowledge of the needs of the patients. Political preferment, however, was considered more important than ability. When Sylvester Pennoyer, a Democrat, took office as governor of the state in 1886, he undertook to reward his supporters by placing deserving Democrats in appointive state positions. Josephi, a staunch Republican, saw the handwriting on the wall and resigned his office before Pennoyer could dismiss him. He left on June 30, 1886, and was succeeded the following day by Dr. Harry Lane. In Josephi's report, dated June 1, Drs. J.W. Givens and Horace Cox are listed as assistant physicians, but Givens left about this time to become superintendent of the Idaho institution. Dr. W. T. Williamson was appointed first assistant physician, with immediate charge of medical care of the patients, and on May 9, 1887, Dr. E. L. Irvine was appointed to the staff.

The number of insane in the state continued to increase rapidly with growth of the population. Josephi, before leaving office, had recommended construction of a wing of three wards. The legislature of 1887 appropriated \$55,550 for this purpose, but even this did not keep pace with the demand. Lane stated in the biennial report of 1886 that the hospital had 526 patients, with proper accommodations for but 520. He urged construction of another wing and also the need of obtaining land for a farm. The legislature of 1889 appropriated \$30,000 for land, \$8290.73 to

meet a deficiency in the earlier construction account, and \$68,300 for a new wing and other improvements. A farm of 640 acres was purchased, two large barns were built, and the new wing increased the capacity to 628 patients. An additional three-story building also was erected, which, with an old log cabin nearby, accommodated forty patients.

On expiration of Dr. Lane's term of office in 1891, Dr. L. L. Rowland, a man of versatile genius, was appointed superintendent and served until 1895, when he was succeeded by Dr. D. T. Paine. Pennoyer, the Democrat, had been succeeded as governor by W. P. Lord, a Republican. Political considerations had played a large part in appointments hitherto but Paine indicated he would not be influenced by them in his conduct of the asylum. In this attitude he was supported by Governor Lord. Paine, however, resigned in 1899, after T.T. Garr, also a Republican, became governor. To criticism raised at various times regarding these frequent changes in the superintendency of an institution whose primary consideration should be care of the insane, rather than concern with political winds, it was replied that as long as the immediate physician of the patients, such as Dr. Williamson, were kept on continuously, changes in the head of the asylum, who must make contacts with the public and deal with the officers of state government, did no harm. This attitude, no doubt, was a factor in retarding the development of the institution, for many years, from an asylum to a real hospital for the insane. Such development, which came later, involved a continuous long-range program and special training on the part of the head of the institution. The legislature of 1891 had appropriated an additional sum of \$35,000 for improvements at the hospital, including an infirmary, originally intended on a modest scale for patients with epidemic or contagious diseases. It grew into a two story building of four wards, with a capacity of 120 beds. By 1898 the institution housed nearly 1200 patients.

The gold rush to Alaska, beginning in 1897 had burdened the federal government with responsibility for gold seekers whose minds broke under the hardships and strain of their search for

quick wealth. The nearest mental hospitals were at Steilacoom, Washington, and Salem, Oregon. On January 16, 1901, the Oregon State Insane Asylum, at the request of the United States Government, entered into a contract to care for the Alaska insane at \$20.00 per month per patient. When it expired, the contract was renewed for another year. The total amount received from this source was \$4,713.91.

Dr. J.F. Calbreath became superintendent in 1899 and served for eight years. For the two years ending December 31, 1902, the legislature granted a total of \$343,275.00 for maintenance, additional buildings, repairs, improvements, etc. The state tried to meet its responsibility for those unable to care for themselves, but the institution continued to be an asylum, both in nature and in name, rather than a hospital.

The question of responsibility of the state for the mentally ill whose families were able to pay for their care was the subject of some discussion in 1901. Many of the county courts had been committing insane patients to the state asylum against the wishes of relatives able and willing to provide them with private care. In other cases, patients whose estates could have assumed the burden were cared for at public expense. A majority of the people evidently took the view expressed by the Oregonian that the primary purpose of maintaining a state asylum was not a charitable one, but protection of lives and property from the violence of those who become mentally unbalanced and protection of the patient from himself. Treatment of insanity for curative results was in its infancy. The unfortunates who must be committed to the institution for the protection of themselves or of society could have little hope of betterment.

Late in 1907 Dr. R.E. Lee Steiner was appointed superintendent, assuming office January 1, 1908. A long period of betterment of the institution now began. Clearer recognition of the curative function of the hospital was carried in a proposal, in 1907, to change its name from Oregon State Insane Asylum to Oregon State Hospital, which was done. In 1908 a new wing for female patients was completed. at a cost of \$225,000. and other improvements

were made. Patients who were not citizens of the state, but who had become insane while within its boundaries and had been committed to the hospital constituted a considerable burden. From 1908 to 1912 twenty-seven such individuals were deported from the state by the federal government. In 1911 the state legislature appropriated \$2,000 for additional deportations of such patients, with an annual saving of about \$4950.

In the statutes of 1862, providing institutional care for the insane, idiots and feeble-minded also were included; but not until 1908 was separate provision made for the mentally deficient group, as contrasted with the mentally ill. In that year, however, the Fairview Home was put into operation, marking an advance in recognition by the state of the distinct needs of the two groups, and the State Hospital for the Insane was relieved of part of its burden. Since feeble-mindedness is a condition, not a disease, with little hope of remedy by medical attention, the further history of this institution drops from the scope of this book.

During the biennium ending September 30, 1912, various additions were made to the hospital equipment, an x-ray department was installed, a resident dentist was employed and the water supply was improved. The specter of political control of the hospital was not to be laid immediately, however. At the beginning of Dr. Steiner's fourth year as superintendent, in January, 1911, criticism of the hospital management was voiced in the press and in the legislature, then in session. Charges of extravagance, misuse of funds and unbusinesslike methods were made. A committee of the legislature investigating the institution exonerated Steiner of all charges. During the following two years a receiving hospital was built at a cost of \$60,000 and an auditorium and amusement hall, costing \$35,000 was erected.

Maintenance cost for the two years was \$517,728, the average per month for each patient being \$14.64. To stretch this sum so as to cover the needs it was necessary for employees to work twelve hours per day, although an eight hour law had been passed by the legislature. The state labor commissioner, O.P. Hoff,

attempted to enforce the law for state employees as well as for those employed by private industry. A controversy resulted with the State Board of Control, which had instructed Steiner that the law did not apply to employees of the hospital, and because of lack of funds it would be necessary for him to require them to work twelve hours daily. The Board of Control requested the commissioner to take such action as would bring about an early interpretation of the law by the courts. This was taken in dramatic fashion by the arrest of Dr. Steiner on board ship, in the Straits of Juan de Fuca, as he was leaving for China in charge of a group of patients under deportation. He was brought back to Oregon, but the charges were quashed and Steiner subsequently made his trip to the Orient. Much publicity resulted from this incident, but the employees of the hospital continued to work twelve hours per day.

On September 30, 1914, the number of patients was 1576. Two hundred seventy-one patients had been discharged as cured, and 192 as much improved or almost well. The Eastern Oregon Hospital for the Insane at Pendleton had been put into operation in January, 1913, more than three hundred patients having been transferred to it from Salem.

In view of a ruling of the state's attorney general that no legal warrant existed for releasing an insane person on parole or leave of absence in care of friends or relatives, not even to take a patient from the hospital premises to dinner, the superintendent, in his 1914 report, called attention to the need for parole regulations. He stated, "Many chronic insane have periods of improvement, lasting weeks or months, when they are harmless and can be cared for at home, with pleasure and benefit to themselves and great saving of expense to the state, but they hesitate to go and relatives do not like to take them when they must go through the annoyance and subject the county to extra expense of a new commitment every time they have to be returned to the hospital." The legislature of 1915 enacted a parole law which remedied this situation. In his report of 1916 Steiner stated that the hospital had been able to arrange for parole to

relatives or friends of 184 harmless patients. It had been necessary to return some of them to the hospital, but others had improved to such an extent as to be discharged as cured.

Trouble at the state penitentiary, culminating in serious riots among the prisoners early in 1919, led to the resignation of the warden. Governor Olcott prevailed upon Dr. Steiner to lend his administrative ability to straighten out a difficult situation and he served as warden of the penitentiary for the greater part of the year. He visited many of the state prisons in the county. Through the knowledge thus gained, coupled with his talent for managing difficult people, he so improved the penitentiary situation that he was able to return to his post at the hospital. Dr. L.F. Griffith, who had been connected with the hospital since 1891 and had been assistant superintendent for many years, was made superintendent for the interim. When Steiner returned as superintendent of the hospital, Griffith again became assistant superintendent, continuing in that position until his death in 1930, when he was succeeded by Dr. John C. Evans, who had served the hospital since 1906.

In his report of 1928, Steiner called attention to the increasing tendency to commit to the state hospital senile dotards, paralytics and other helpless cripples, who should be cared for by the county in which the patient resided. When so committed by the county courts the hospital had no choice or discretion--it must receive them. The superintendent pointed out that some legal provision was needed by which patients who were not insane could be sent back to their respective counties, which were passing on to the state a burden they found inconvenient to carry. Convicts from the penitentiary, who had developed insanity, were sent to the hospital, and others who had been excused from crimes because of insanity also were committed to it. This produced a dangerous situation which the superintendent found it necessary to point out. He recommended a ward at the penitentiary for the criminally insane.

Abuse of the voluntary commitment laws also was pointed out in several reports. Some individuals having no need for mental

treatment took advantage of an opportunity to obtain general medical care. In 1931 the legislature passed a law requiring payment of \$20.00 per month by patients or their families able to pay for hospital care. This made it necessary to place the burden of responsibility of passing upon an individual's financial status upon the county courts, in cases of proposed voluntary commitment. The plan resulted in a reduction of such commitments.

A new building for tuberculosis cases was completed in 1932, adding 116 beds, but the increase of hospital population was so great that the need of a building program was emphasized. A proposal to erect a third state hospital in Multnomah County was defeated in the primary election of May, 1934, and Steiner recommended a new fire-proof wing of two hundred beds at Salem in his biennial report of that year. The legislature made the needed appropriation, in spite of the difficult financial condition of the state due to the business depression, general throughout the county. The new unit, providing 218 beds, was ready in September, 1936, but the hospital still was overcrowded, despite the fact that 178 patients had been sent from Multnomah County to the hospital at Pendleton during the biennium. An addition

to the treatment hospital

to practice modern medicine, we must be provided with proper facilities and equipment."

The problems of the hospital, especially that of overcrowding, were becoming serious. The legislature of 1937 and 1939 had been told of the situation but had failed to provide the needed funds to remedy it. From 1920 to 1940 the legislatures had appropriated funds providing for an average increase of twenty-eight beds per year, while the annual growth of patient population had averaged fifty per year. The housing of the criminal insane continued as another acute problem. A psychiatric ward in the penitentiary had been recommended many times, but in 1940 twenty-six convicts still were kept in one of the wards of the hospital. The State Boards of Parole and Probation obtained a consulting psychiatrist in 1939 to give psychiatric assistance to the criminally insane when necessary. Fire-proof housing for records and clinical histories also was needed, and the problem of maintaining adequate non-professional staff during a period of high wages, which the state would not meet, was pressing. In 1942 a tragic accident occurred by which 47 patients died as a result of poison being placed in their food by one of the patients who was helping in the kitchen, instead of the powdered milk that was intended. The tragedy shocked the nation. It was due to lack of adequate funds with which to hire competent help, making it necessary to depend too much on the assistance of such of the patients as could give it, but whose judgment frequently was questionable.

A clearer recognition by the state of the needs of the hospital, concerning which warnings had been reiterated in numerous reports by the superintendents, resulted from this catastrophe. The legislature of 1943 appropriated more than \$600,000, chiefly for the requested treatment hospital, but war conditions delayed the construction. By June 30, 1944, there were 2622 patients, with the prospect that the number would become still greater, but there now was a capacity of 2800 beds. Admissions for the year 1944 numbered 992. Thanks to the continuous struggle by the superintendents for better standards of treatment,

more modern medical equipment and adequate staff, the hospital had been approved for residencies and fellowships, for the training of nurses, and as meeting unconditionally the minimum standards of the American College of Surgeons. It also had become a modern psychiatric hospital.

EASTERN OREGON STATE HOSPITAL

The increasing population of the state, with a concomitant increase in number of the mentally ill, brought to an issue, in 1910, the question of building a second insane hospital in the state. There had been considerable discussion in the press, beginning about 1909, as to the need for such an institution in eastern Oregon. Proponents of the need held that a hospital should be built at Baker or Pendleton, despite the state constitutional provision that all public institutions must be located near the capitol. In November, 1910, an initiative measure providing for another insane hospital, to be built at Pendleton, was approved by the voters of the state. The cornerstone was laid on March 26, 1912, and the institution was named the Eastern Oregon State Hospital. Dr. W. D. McNary was appointed superintendent, and Dr. A. E. Tamiesie assistant superintendent. Both had been members of the staff of the state hospital at Salem for many years and were familiar with the problems they would face.

The building was completed early in 1913, and on January 26, 375 patients were transferred to it from the Salem institution. Few of them were considered curable, the purpose of their transfer apparently having been to lighten the burden of the Salem institution in providing custodial care. Two hundred-two new patients were admitted to the Pendleton hospital during the be-ennium ending September 30, 1914, but through discharges, deaths, and escapes the total number remaining at the close of this period was 346. The average monthly cost per patient had been \$17.76, although the estimated cost on which the appropriation for operation was based was \$22.00. The hospital was able to return more than \$40,000 to the state treasury.

In the first biennial report the superintendent found it necessary to recommend provision for a new wing of three additional wards to keep pace with the increasing number of commitments. He also pointed out the need for additional accessory buildings, such as barns, sheds, etc., which had not been provided. The

law at that time, as already stated, allowed release of patients only under full discharge. McNary joined with Steiner in strongly recommending passage of a parole law, making it possible for patients to spend longer or shorter periods during remissions of their disease under the care of relatives and friends.

By September 30, 1918, the hospital was filled almost to capacity, with five hundred fifteen patients. Funds were requested to make the basement of the wing, previously asked and provided, usable as a ward. The number of inmates was reduced to 488 two years later, but there was need for more facilities in the state, and Steiner, superintendent at Salem, recommended that a new wing be added to the Pendleton hospital, rather than to his own institution, which at the time had inadequate water supply and other facilities for an increased population. The legislature of 1921 appropriated the funds requested, but due to higher building costs than anticipated, only two floors could be completed, necessitating request of additional funds for the third floor. In 1925 the legislatures granted funds for still another wing, to house 250 patients, and in 1930 again another wing was provided. The number of patients increased almost constantly after 1920. In 1922 there were 558; in 1924, 735; in 1926, 810; in 1928, 1017; in 1932, 1171; in 1940, 1274. During 1938 there was a slight decrease in the number, due to completion of the United States Veterans Facility at Roseburg. A number of veterans who had been receiving care at the state institution were transferred to the federal hospital. Some of the elderly people who were senile, rather than insane, also were taken home by their families because of better economic conditions in the state. With the introduction of metrazol and insulin treatment for certain types of insanity, about 1937, a larger number of cures and improvements in patients further increased the number of patients discharged from the hospital, as also was true at Salem. As methods of treatment improved, the number of voluntary admissions increased, the superintendent reporting in 1940 that ten percent of new patients during the preceeding biennium had been of this group. Fewer commitments from Multnomah

County, demand for workers in war industry and on the farms due to war conditions, together with the factors of better financial conditions and briefer hospitalization because of improved methods of treatment already mentioned, continued to reduce the number in the hospital so that in June, 1944, there were but 1205, in spite of increased population in the state.

On May 1, 1941, Dr. McNary retired as superintendent because of ill health. Save for a brief period, he had served the state of Oregon, first at Oregon State Hospital at Salem and then at the Eastern Oregon Hospital from its beginning, throughout his professional life. Dr. Donald Wair, who had been assistant superintendent at Pendleton since 1933, was appointed superintendent as successor to McNary.

Due no doubt to the constant demands for additional building space because of the continual increase in number of patients from the beginning, the other facilities of the institution had not developed as rapidly as was desirable. In 1942 the superintendent was obliged to report that the hospital fell far short of the standards set by the American Psychiatric Association. Two years later, however, he was able to report that it had been accepted as an approved hospital by the American College of Surgeons. In 1944 it had 1350 beds, an average population for the year of 1932, and 262 admissions.

A need had been voiced from time to time for a publicly supported psychiatric hospital in Multnomah County, which included more than one-third the population of the state. As already indicated, a measure to provide this had been defeated by referendum vote in 1934. The medical center which had gradually developed around the Medical School in Portland was seriously handicapped by lack of hospital facilities for psychiatric patients who might be used in training physicians and for research in a rapidly advancing branch of medicine. The legislature of 1945 passed a bill including an item of \$750,000 for a University Hospital of 200 beds, sixty of which would be used for psychiatric cases, and fifteen for mentally retarded

children. This would fill the hiatus in the state's facilities for giving the most complete care to the mentally afflicted. The bill was endorsed by popular vote in a referendum held in May, 1945, the state thus approving completion of a program which had its inception eighty-three years earlier.

Throughout the period of 134 years since Astor's party came to Oregon to trade for furs, insanity had been present among white men within the present limits of the state. The state, always laggard in making adequate provision for the care of those unfortunates, finally placed itself in an advanced position in this respect.

PRIVATE SANATORIA

After the Oregon Insane Hospital, in east Portland, was closed in 1883, private sanatoria for nervous and mental patients ceased to exist in the state for some years. In 1894, however, Dr. Henry Waldo Coe started an institution which was called the Mindsease Sanitarium. Coe had come to Portland in 1891. He began to specialize in nervous and mental diseases in 1893, in which year he also launched the Medical Sentinel, the first permanent medical journal in the Pacific Northwest. At first the patients were housed in a residence on East Division Street. An advertisement in the Medical Sentinel in 1896 describes the sanatorium as consisting of a system of cottage homes, in which "nervous and mental patients receive the comfort of a quiet home." Rest, massage, electricity, etc., were employed as therapeutic aids, according to the statement.

The July, 1896, number of the Medical Sentinel contained the following advertisement:

"Portland Sanitarium"

Montgomery, First and Second
Streets, Portland, Oregon

"A thoroughly equipped institution where quiet and rest may be obtained together with all the modern methods of treatment . . ."

There follows a description of the methods; electrical treatment, massage, and hydrotherapy in which the words are so misspelled that most of them are unrecognizable. The advertisement continues:

". . . . Rest cure carefully and scientifically carried out. . . . Nervous diseases and diseases of the alimentary canal receive special attention Large and beautiful grounds and salubrious atmosphere Physicians are cordially invited to visit the institution. For further particulars address

L. J. Belknap, M.D.
Medical Supt."

Presumably, since this was before the day of typewritten manuscript, as a rule, the new terms in a no doubt difficult handwriting were too much for the printer. In the following issue "Hydro-Therapeutics, Electricity in all forms, Static, Galvanic, Sinusoidal or Magneto Electric and Faredic Massage manual Swedish movements" are substituted for the bizarre spelling of the original advertisement. Editorial attention was called to the hospital and to Belknap's qualifications, which are described as excellent. In the August number an apology was made for the typographical errors "for which Doctor Belknap was not responsible." "His Sanitarium has already filled up since his return from the East." Belknap had taken a course in New York City on nervous diseases. The sanitarium was transferred to the Seventh Day Adventist denomination the following year, and Belknap moved to California. It subsequently was converted into a general hospital and operates as such to the present time.

In 1897 Coe leased the property of Levi White on Northwest 20th Avenue, between Glisan and Hoyt Streets, and moved his sanitorium to this location. The grounds were described as large and pleasant, and facilities were offered for such nervous cases as might be referred to Dr. Coe by the profession. Mental and drug cases were to receive care at the Cottage Homes, rather than in the sanatorium. Dr. J. M. McGavin became resident physician at the latter.

The following year a corporation, with Coe as medical director, obtained thirteen acres of land on the north slope of Mt. Tabor, Portland, on which to erect a new institution for treatment of nervous and mental diseases. This was called the Mt. Tabor Sanitarium. Dr. Coe had gone to Europe to make a study of sanatoria in the leading countries, returning to Portland, in the fall of 1898 with plans to use the best features observed in the foreign institution in the new venture. The Mindsease Sanitarium was continued in operation until the new buildings, a series of cottages, were ready. In 1900 the Mt. Tabor Sanitarium was opened with facilities for about sixty

patients. Dr. R.L. Gillespie became one of the medical directors, with Dr. Coe. In 1903 a reorganization was effected, the name changed to Crystal Springs Sanatorium, and Dr. W.T. Williamson, who had served since 1886 as assistant physician at the State Asylum in Salem was added to the staff. After the Lewis and Clark Exposition of 1905, in Portland, the Crystal Springs management purchased the Massachusetts Building on the fair grounds and re-erected it as part of the sanatorium to be used exclusively for nervous cases. It is described as providing the most luxurious quarters on the Pacific Coast for patients of this type.

Sometime prior to 1904 the Department of the Interior had entered into negotiations with Dr. Coe with reference to care of the insane in Alaska. In 1904 the sanatorium company, of which Coe was head, agreed to take them, numbering seven at the time. They were housed in a residence on the top of Mt. Tabor secured for the purpose, and the name Morningside Hospital was given to the division of the company's activities which was devoted to care of the insane from the Department of Interior. The name was taken from the famous Morningside Hospital of Edinburgh, Scotland. Later a building was erected on the north slope of Mt. Tabor which was better adapted to the purpose.

Dr. Coe retired from active practice about 1907, and in 1910, during his absence, the institution organized by him in 1904 was sold. A new site of fifty acres was purchased at Montavilla. About 1912 the building on Mt. Tabor was moved to it, additional buildings were erected, and a new plant resulted, operating under the old name of Morningside Hospital, with Coe as sole owner and manager. He was aided by Drs. J.W. Luckey and C.U. Snider as resident physicians. By 1915 the institution had 200 beds. Dr. Luckey resigned in 1924, after serving many years as superintendent, but returned in a short time. He finally severed his connection in 1929. On Coe's death in 1927, ownership of the Institution passed into the hands of his heirs.

Inspectors from the Department of the Interior visited the hospital from time to time. In 1929, Dr. Lon O. Weldon was stationed there by the department, remaining until July 1, 1934, and in August, 1936 Dr. John L. Haskins was placed in charge of the institution by the federal department. In 1944 it had 360 beds. It was operated under private ownership but federal control.

After the Morningside Hospital was established the Mt. Tabor Sanitarium was discontinued, to be followed by a number of other private institutions whose history is confusing. In 1906 the Mountain View Sanitarium was launched, with Doctors W. T. Williamson, R. L. Gillespie, and Williams House actively interested. After the death of Dr. Williamson in 1925 his son, Dr. Hugh Williamson became the medical director. The institution had twenty-two beds in 1928, but discontinued in 1935. Dr. House established a sanatorium for nervous and mental cases in 1912, which had eighteen beds in 1928, when it appears to have been closed. Dr. House died in 1931. In 1924 a ten bed convalescent and rest hospital, known as the Waverleigh Sanatorium was established by the Mountain View Sanatorium Company under the medical direction of Dr. Hugh Williamson. In 1940 it was discontinued.

Chapter III

NEUROLOGY AND PSYCHIATRY*

Olaf Larsell, M.D.

In the field of mental diseases the first announcement of courses stated: "Lectures on Diseases of the Mind will be delivered by Prof. Josephi (formerly Superintendent, Oregon Hospital for Insane, East Portland, and Oregon State Insane Asylum, Salem, Oregon)." It will be recalled that Dr. Josephi was also professor of obstetrics, so his interests ranged from delivery of the little animal, the human baby, into the world, to the pathological expressions of the most complex mechanism of organic development. Unfortunately for the mentally ill of that day, these expressions were little understood, and not much in the way of treatment, save good care, was possible. The statement of the course remained virtually unchanged until 1896 when it was modified to lectures on nervous diseases, including insanity. Evidently there had been some duplication of the ground covered, for it was added: "nervous diseases not included in the lectures of others will be dwelt upon." In 1905 it was mentioned that the course "has been extended in the new curriculum" and clinics at hospitals and out-patient department were held forth to the prospective student. The following year Dr. William House was announced to give a special course on clinical insanity. In 1908 Dr. Robert L. Gillespie was listed for this course, Dr. House having been assigned to medical jurisprudence. After the reorganization of 1912, several courses were listed by number and divided between Josephi and House, with Dr. W. T. Williamson sharing medical jurisprudence and medical ethics with the latter. A clinic at Multnomah Hospital was first mentioned that year. Williamson dropped from the staff after a year or two. In 1916 a clinic at Morningside Hospital was announced and the following year another at the Portland Free Dispensary.

*Reprinted by permission from Olaf Larsell's The Doctor in Oregon Chapter XV (Oregon Historical Society, 1947).

Josephi and House carried the load until 1917, when Dr. J.W. Luckey was added as instructor for the clinics at Morningside Hospital where he was a member of the staff. When Josephi retired in 1921, nervous and mental diseases were included as a subdivision of the department of medicine, with Dr. Laurence Selling as professor and Dr. Henry Viets as lecturer. House had resigned but Luckey remained another year. For the first time, the term neuropsychiatry appeared in the announcements. Viets gave a course with this title. The following year, however, Drs. Selling and L.F. Griffith, of the State Hospital for the Insane, gave lectures and clinics; Viets having completed the assignment which brought him to Portland for a time, namely, a study of the method of care of the insane in Multnomah County. In 1925 Dr. J. Allen Gilbert offered an elective course in psychopathology, and in 1928 Dr. John C. Evans of the State Insane Hospital and Dr. Merle C. Margason were included on the staff.

For a number of years students made weekly trips to Salem for clinics and lectures by Evans and Griffith at the hospital located there. By 1931 the need for a local staff member with training in the new aspects of psychiatry had become so great that Dr. Henry H. Dixon was brought in as associate professor of neuropsychiatry on a part time basis, thanks to a cooperative arrangement with the Oregon Mental Hygiene Society, and Dr. D. C. Burkes also was added in this field. Psychiatry now was split off as a division of the department of medicine. In 1934 the remainder of the group of courses which had grown under the original designation were included in the division of neurology, with Selling, Margason, and others as the staff.

Chapter IV

PSYCHIATRY IN THE PACIFIC NORTHWEST

Its Development in Our Three States*

Albert C. Stewart, M.D. and Herman A. Dickel, M.D.

In psychiatry we are always familiar with the mechanism of retrospection. It is said that it can sometimes be utilized advantageously. We sincerely hope that our retrospection and that of others, utilized in preparation of this paper, will be considered somewhat advantageous and a little bit of pleasure to those who hear or read it. There seems to be nothing original about this paper, and our attempt is not to offer anything particularly new, but rather to collect a group of stories and anecdotes into one paper, giving some historical facts about psychiatry as it began and progressed in the Pacific Northwest.

In 1808 there pioneered into the vast Oregon Territory a man named Henry who operated several fur trading houses during the first part of the nineteenth century in that part of the country bordering along the Rocky Mountains. White men first came to the Pacific Northwest to settle permanently in 1811, but mental illness preceded them by at least several years. In that particular year of 1808 one of Henry's fur trading houses in the foothills area far inland was attacked by Indians, and all but one of the men were killed and, we surmise, left scalped. This one man escaped unperceived and wandered around for several weeks, suffering many hardships and deprivations, including food and water, and thus ruined his normally good health. The shock of seeing his companions massacred and the hardships suffered thereafter apparently resulted in a mental disorder of some mild type. In this condition he was found wandering around by the Indians in the Snake River country and was taken by them to their camp for care.

We know from early stories that Indians of that time considered mentally deranged people as being much nearer the gods

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than they, and accordingly viewed them with a great deal of awe and superstition. They never harmed them and always offered them as much care as they possibly could. Such was the instance of this poor unfortunate white man. The Indians felt certain that the gods had smiled favorably upon him, and they must gently care for him; hence, for three years they kept him in this camp, clothed him, saw that he was properly fed, and gave him every form of treatment which was as good as they themselves enjoyed, if not better.

In 1810 John Jacob Astor, head of the Pacific Fur Company, and then residing in New York City, sent out two large parties to explore the Columbia River. One was to go overland, the other by seas. The latter of these two parties came on the ship Tonquin, and, arriving before their companions, established themselves at the mouth of the Columbia River in the locality of the town now known as Astoria.

The overland party left St. Louis in August, 1810, and spent the following winter on the upper Missouri River. In the spring of 1811 they resumed their westward journey, separating into two divisions, one headed by Wilson P. Hunt, the other by the now famous Donald McKenzie. This latter group (sometime, then, in 1811) came upon that group of Indians who were caring for the mildly demented young man we have mentioned above. By this time he had recovered sufficiently to be able to tell in whole or in part the story of his life and his accident. He gave his name as Archibald Pelton and said that he had come from Connecticut. McKenzie took charge of him, thanked the Indians for his care, and the party proceeded on its way, experiencing many hardships, but finally arriving somewhere in the neighborhood of the lower Columbia in the winter of 1811-1812, and finally getting to Astoria on January 18, 1812.

At this time the Indians who inhabited the lower Columbia River were quite taken with the white men who were now living near and among them. They gave their special attention to some of them because of their odd characteristics, but of all the attention given, the most was directed to Archibald Pelton. The Indians,

as you know, were inclined to name people according to the various abnormal conditions attached to their body or to their state of being. This man who so interested them, they noticed, was called Pelton, and they quite naturally supposed that the named referred to his abnormal condition.

Having no words of their own to satisfactorily designate such a condition, they immediately adopted the name of the unfortunate white man into their own language, and thereafter made use of it. He was, therefore, "Pelton", meaning foolish or insane. Any other person, that is, an Indian similarly afflicted, was "Kahkwa Pelton", at first like Pelton, but later simply one of disordered mind. "Pelton klootchman" was used to refer to a demented woman. All along the Pacific Northwest coast line, but particularly in the area in which we now live, the Indians adopted this word to symbolize any or all forms of mental ailment. Later it was incorporated into Chinook jargon and it appears in every Chinook dictionary as the word symbolizing the various forms of mental affliction.

Undoubtedly there had existed prior to this many forms of mental illness among the Indians in the Pacific Northwest, but we have no record of them even in the folklore of the Indians who now live. The white man we have described seems to have been the first unfortunate person. From that time on there were other cases of insanity in this territory, the number constantly increasing as the population increased. Finally, there was enough to cause public attention.

The first of these cases to attract was Edward Moore, a sailor who was found wandering on a beach a few miles south of Seattle in the Territory of Washington. Apparently he had been there for many days, wandering aimlessly around, becoming more demented, living on raw mussels, and getting occasional assistance from the Indians. Since it was cold and wintry, his feet, as well as other parts of his body were wet and frozen. He was brought to town and placed in the custody of David Maurer and S.B. Simons, the hotel keepers of that day. The cloth wrappings were removed from his feet, and it was found that the cold and

freezing had affected his toes to the extent that they were gangrenous. The hostellers called in Dr. Williamson, a local physician. At that time surgical instruments were unknown in Seattle; as a matter of fact, were unknown anywhere in the Northwest, and so a large sharp axe was brought in, and the dead toes were neatly clipped from the unfortunate body. The poor man was kept in this hotel for several weeks ably cared for by the hotel attendants and Dr. Williamson, who did all they could to restore him to good health, attempting particularly to alleviate his demented condition; however, all efforts failed to accomplish more than just keep him living.

The good people of Seattle and King County, guided by Maurer and Simons, then made arrangements with Dr. N.P. Burns to take him and care for him in the doctor's home town of Steilacoom, located in Pierce County, it being agreed that the doctor and the people of King County were later to unite in an effort to get the money to pay for his care from the legislature of Washington Territory. From that time on Steilacoom was to play a prominent part in the history and progress of psychiatry in the entire Northwest.

When the legislature of the territory convened in December, 1855, it received a communication from the commissioners of King County, in which the territory was asked to pay the bills incurred in keeping and caring for this "nonresident lunatic pauper." The communication of the legislature was considered by a committee and almost immediately dropped, but there did appear somewhat later a resolution calling for building a hospital for seamen, part of which was to be used as an asylum for the insane of the Puget Sound district.

The greatest reason for turning down the communication from King County was that the patient was not a legal resident of the Territory of Washington or King County, but just as big a reason was that the total bill for his care was \$1656, the entire income for the territorial government was \$1199.99. The people of King County were paying approximately \$4 per person for his care, a rate which if in effect today would annually bring in

In 1909 the legislature had appropriated \$75,000 to purchase a hospital site near Sedro Wooley. This institution, when it was built, was known as the Western State Hospital Farm, and in 1910 Dr. A. H. McLeish was appointed assistant superintendent to superintend the work of clearing the site for hospital buildings. Temporary buildings were constructed, and about one hundred men were transferred to the new site for the purpose of clearing the land. It is reported that on New Year's Eve, 1911, an unexpectedly terrific gale blew up and one of the temporary buildings which was used as a dormitory collapsed, killing one of the patients.

By 1912 the first building of the new hospital was finished, and in 1913 Dr. McLeish, who had become superintendent, resigned to make way for Dr. Case of Vancouver. In 1915, during the term of Dr. J. W. Doughty who had become superintendent in 1914, and who except for a four-year period has been superintendent ever since, the hospital became known officially as the Northern State Hospital. The Institution at Steilacoom in the same year became known as Western State Hospital.

In 1915 the legislature of Washington recommended that each county provide for itself some hospital arrangement to care for the mentally ill during the period of observation prior to commitment. For a long period only one county made such arrangements, that being King county and King County Hospital, but in 1939 Spokane county made such arrangements when the new wing was added to St. Luke's Hospital in Spokane. This addition marked another attempt at private hospitals striving to incorporate within their walls psychopathic wards. An earlier attempt had been made by Emmanuel Hospital in Portland from 1930 to 1937.

It was during this time that definite problems were confronting the people of Oregon. The census of the United States reported in 1850 on the number of insane and idiotic in that state and commented on the ratio of this class of persons compared to the normal. In 1860 the newspapers were complaining because the insane were "roaming the country, terrorizing the women and children and making themselves the subject of ridicule."

The first step in caring for these people was by the method of farming them out to individuals who received pay from the state for their custodial care. In September, 1861, Dr. J. C. Hawthorne established the East Portland Asylum in association with Dr. A. M. Loryea, located at First and Taylor streets in Portland. In 1868 Dr. Hawthorne contracted with the state of Oregon to care for the insane.

Over quite a long period of time this arrangement functioned satisfactorily, but soon Governor Woods, who had made the arrangement for this manner of "farming out" the patients, complained that it was not a humanitarian method, and in 1880 the legislative body provided for erection of an asylum to be built in Salem. This was completed in 1883 and 261 male patients were transferred by train from the Portland institution to Salem on October 23. The female patients were transferred several days later, and the first listed superintendent of this hospital was Dr. Horace Carpenter. Dr. S. E. Josephi soon became the superintendent. This was the first group of buildings specifically built for the state care of the insane, although it was not the first hospital in the Northwest.

In 1893 the legislative body of Oregon had provided for a branch asylum to be known as the Eastern Oregon Insane Asylum but the institution was not actually opened until 1913, following an initiative measure in 1910. This institution, known as Eastern Oregon State Hospital, located in Pendleton, had as its first superintendent Dr. W. D. McNary. The Salem institution was relieved of its burden somewhat earlier when the idiots and feeble minded were removed to the Fairview Home in 1908.

Idaho, which had established its first state hospital in Blackfoot in the early 1890's, found by 1905 that they needed another institution. The events surrounding the building of this second hospital are rather interesting and unique. In 1905, when the second hospital had been founded and money had been appropriated for its erection, Dr. John W. Givens took from the hospital at Blackfoot a group of ten women and twenty

men and started toward the new town where the hospital was to be erected. They went by railroad to the end of the line, there purchased wagons, tents and supplies, and went on for forty miles to the site of the present Idaho State Hospital North, at Orofino. The women did the cooking, and the men literally carved the buildings out of the hillside. It is recorded that they even made their own bricks and mortar. Prior to the time of any Idaho state hospital the insane of that state were cared for by the hospital system in Oregon which maintained a contract with the state of Idaho.

The Federal Government first began to care for the mentally ill in this territory in 1904, when they contracted with Morningside Sanitarium in Portland to care for the insane from the Alaskan area. Since that time the sanitarium has cared for those individuals with this same arrangement. Following the first world war all of the individuals who became mentally ill and fell under the jurisdiction of the Veterans Administration in the thirteenth district, comprising Oregon, Washington, Idaho, and Alaska were cared for at Western State Hospital at Fort Steilacoom, a contract existing between the state and the Veterans Bureau. This work was begun in 1920, and one of the institutional physicians was directly in charge of these patients. In 1924, following completion of new buildings on American Lake all of these patients were transferred and placed under the direct supervision of the medical staff of the Veterans Hospital. Similar hospitals are in operation at Roseburg, Oregon, and Fort Harrison, Montana.

It is extremely difficult to complete the historical data on private sanitariums in the Northwest. As we have recorded above, Dr. Hawthorne had started a sanitarium in Portland in 1861. He later rebuilt this at East 12th and Hawthorne to accommodate his increasing practice and state cases. We have also recorded such sanitariums as those at Steilacoom, Washington, and the Hot Lake Sanitarium east of La Grande, Oregon. It is reported that Dr. Walter Williamson operated a sanitorium in Portland, and we know that the Morningside Sanitarium was used for private cases in Portland prior to its being taken over by the Federal Government for the Alaskan patients in 1904.

In 1908 there was established in Seattle a small sanitarium for the care of the mentally ill people. This was established by Dr. J. B. Loughary and Dr. Waughop who had at one time been associated with the Western State Hospital. Dr. Loughary was the first to devote his entire time in private practice to psychiatry, and the sanitarium they established in Seattle, called the Puget Sound Sanitarium, was aided by Dr. Williamson from Portland. Because this was within the city limits, and many of the patients were rather violent, considerable complaint was directed to the county officials from the public, and in 1909 an edict for its removal was given by King County.

At this time Dr. Snook had established in the little town of Steilacoom the Iron Springs Sanitarium, and he had run into much the same difficulty, so that he was looking for a new location. Drs. Snook and Loughery then found a place near Puyallup, bought the property, established a sanitarium and transferred to it the name of Puget Sound Sanitarium. Because of Dr. Loughary's poor health, Dr. Snook immediately took charge and carried on as medical superintendent. This sanitarium still exists under the same name, but now under the guidance of the senior author of this paper, Dr. A. C. Stewart, and the first patient transferred from the earlier institution in Seattle is still being cared for by it.

In 1867 the Willamette University Medical Department was established, but this apparently paid no attention to the teaching of nervous and mental diseases. In 1887 the University of Oregon Medical School was organized, and its first catalog lists Dr. S.E. Josephi as Dean of the Faculty and Professor of Obstetrics and Psychological Medicine, including lectures on diseases of the mind. Essentially the same arrangement existed as late as 1897, although there were no lectures by Dr. Josephi on Diseases of the Nervous System. By 1905 this course included special lectures, and clinics were given to the third and fourth year students at the local hospitals and at the hospitals for the Alaska insane.

In 1912 a more elaborate system of departments was established, including Departments of Nervous and Mental Diseases and Medical Jurisprudence with Drs. Josephi, House, and Williamson lecturing. Neurologic teaching was included under the title of Nervous and Mental Diseases until 1922 when the subdivision of psychiatry was made under the Department of Nervous and Mental Diseases with Dr. Lewis F. Griffith as Clinical lecturer and Dr. Lawrence Selling as clinician in psychiatry. In 1925-6 Dr. J. Allen Gilbert was listed under the Department of Nervous and Mental Diseases as professor of psychology. Following the organization of a definite Department of Psychiatry in 1932, Dr. Henry H. Dixon became associate clinical professor of neuropsychiatry with Dr. Selling as clinical professor of neurology. This arrangement continues to exist. In 1932 child guidance was begun for Multnomah County, and this was extended to include the State of Oregon in 1937, all under the direction of the medical school in Portland.

Thus psychiatry began and grew in the Pacific Northwest. Undoubtedly a great deal has been left unsaid. We would appreciate adding to this paper at any time anyone can contribute information concerning the earlier workers in the field.

In conclusion, we wish to thank those who have already contributed a great deal in preparation of this paper. Foremost we would thank Dr. W.M. Keller who has for so many years ably superintended the Western State Hospital and has always been foremost in the progress of psychiatry in Washington and the entire northwest. The material he placed in our hands was invaluable, and we constantly found him a ready source of information. The other state hospital superintendents likewise contributed, and we thank especially Drs. Doughty and Evans. We wish to thank Dr. Olaf Larsell for his contribution concerning the Oregon Medical School.

Chapter V
EARLY PIONEERS AND LEADERS IN PSYCHIATRY
IN THE PACIFIC NORTHWEST*

Herman A. Dickel, M.D.

Probably no place in the United States has there been greater continuous need for psychiatry than in the Pacific Northwest. In 1850, when the census of the United States was printed, there was a note in regard to the Territory of Oregon which read something like this, "The figures for the Territory of Oregon are only approximations for there are so many imbecilic and insane roaming the territory that many of them could not be counted."

Because of the struggle to establish the position of psychiatry and because of the hardships that were encountered during development in the field of nervous and mental diseases, I should like to refresh your memory of some of those people who contributed to our present position through a good deal of effort and with a great deal of distress on their part. Here, as everywhere, man seemed to make history.

I could point to many, citing the part that they have played, but because it is impossible to note everyone, I shall simply point to a few whose contributions I think were either great, or interesting, or epitomized so well the point I wish to stress. That is, how much we owe to certain people who in the past have brought to our specialty the honor, stature and admiration it now richly enjoys.

Mental illness in the Oregon Territory probably was first recognized in about 1808. At that time there had pioneered into the Oregon Territory a man by the name of Henry. His occupation in the Pacific Northwest was to set up a group of fur trading houses. In 1808 one of Henry's fur trading houses in the foothills was attacked by Indians. All the inhabitants of this house except one was killed. One man, after apparently

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being left for scalped and dead, managed to escape and wandered around for several weeks suffering hardship and deprivation, going without food and water, altering tremendously his normal good health. Probably due to the shock of seeing his companions massacred and as a result of the hardships suffered, he developed a mental derangement; and in this condition the Indians found him wandering around in the Snake River country. He was taken to their camp for care.

The Indians were not completely unaware of mental derangements. However, they had grown accustomed to thinking of these people as unusually endowed, and as a result considered them closer to their gods. They, therefore, treated them with a great deal of respect and awe. Seeing a white man in such a condition only elevated the man in the Indian's opinion. They figured that the gods had smiled more favorably upon him, that he must be more than well taken care of, and so for this poor demented wanderer who had started in Henry's fur trading camp there came a period of approximately three years during which he was most well and thoroughly treated. During the spring of 1811, groups of the people who had originally gone to the mouth of the Columbia with John Jacob Astor were frequently out hunting. One of these groups was led by Wilson T. Hunt, the other by the now famous Donald McKenzie. This latter group, in the spring of 1811, came upon the tribe of Indians who were caring for the demented young man. He gave to this group of McKenzie's his own name of Archibald Pelton and said that he had been raised in Connecticut. McKenzie, of course, took him under care, and thanked and generously rewarded the Indians for the excellent way in which they had helped him. McKenzie and his group proceeded on their way to the lower Columbia, arriving there sometime in January, 1812. If you know the lower Columbia Indians, from your historical reading, you know that in those days they often took certain words from the white man and incorporated them into their own language. The words were those that seemed to indicate to the Indian the white man's specific name for certain types of behavior patterns.

As a result of having no name in their old language for disturbed or demented people, it was not unusual, of course, for them to think of Pelton as indicating the foolish or the mentally deranged person. Therefore, the Indians simply adopted that name as their own word to indicate a disturbed individual. Any other person that was similarly affected was kahkwa pelton meaning like Pelton in their behavior. A demented woman was called pelton klootchman. This means of identifying deranged persons existed for many years and probably still does in the Indian language.

Another interesting story explains how the town of Steilacoom happened to become prominent in the field of mental illness. This goes back to the late 40's or early 50's of the 19th century. A man had been severely injured in or near Seattle. He required the removal of part of his foot. Lacking surgical instruments, the doctor then removed it in the only way he knew how, by using an extremely sharp axe. Probably because of the combination of exposure and trauma, this particular man developed a demented condition. There was no one in the Seattle or King County area who could care for him. Arrangements were finally made with a Dr. N. Peaburns who lived in Steilacoom, to care for him. This he did for a long period of time. In 1855 it was noted that this care was going on at the rate of four dollars per citizen. In other words, the annual care for the demented man was approximately \$1,656, which then was four dollars per person for the people in the area. Since the people refused to honor these bills after 1855, Dr. Peaburns returned the man to Seattle. Arrangements were then made for a sea captain to take him to San Francisco, as the first step in heading him back to his home town of Boston. We do not know if he ever arrived.

It is interesting to speculate, however, what modern care of the mentally ill would be in the county of King in Washington if the rate of 1855 were still in existence. At four dollars per person, the total would be three and three quarter million dollars every year.

In 1961 Foulkes published a very interesting article entitled "British Columbia Mental Health Services Historical Perspectives to 1961." I take certain liberties in discussing some of the early pioneer people in the field of mental health and mental illness in British Columbia.

From Dr. Foulkes' paper we learn that the very first physician in British Columbia, J.S. Helmcken, was actually seeing mentally ill people in British Columbia as early as 1850. Apparently, however, the first person to actually take care of mentally ill people in a sanitarium type of setup was a Dr. Powell who was the medical superintendent of one of the first asylums in the British Columbia area. Another man prominent in early psychiatric history of British Columbia was R.I. Bently, a medical officer who was prominent in establishment of the first New Westminster Asylum. Dr. Bently continued in his relationships with this organization from its very early beginnings in about 1878 until his retirement in 1895.

In 1895 a Dr. Bodington became prominent in institutional care of mentally ill people. From a purely private practice point of view, no one seems to know who was truly the first person in private practice, but George A. Davidson of Vancouver believes that it was probably G. H. Manchester. Another very prominent British Columbian who was instrumental in setting the stage for private psychiatric care in Vancouver was James Gordon McKay, who had the Hollywood Sanitarium as early as 1919.

Dr. McKay was born in 1876 and was educated at McGill University from which he graduated in 1899. He began practice in Vancouver in November, 1907, and for a number of years was Provincial Psychiatrist.

In 1919 he opened the Hollywood Sanitarium. This was sold some 30 years later to H.A. Campbell, whom we all remember so well. Dr. McKay died in May, 1954, at 78 years, having contributed much to advancing his specialty in British Columbia.

As long ago as 1940, or as little time ago as 1950, depending upon which end of the scope you look through, there were probably only four psychiatrists in Vancouver, B.C., and one in Victoria. Of these, at least three continue to be active in their work, and so actually we are able to see in the Vancouver area at least an instance wherein the first quarter century of an organization still brings together many of the truly early pioneers in the field as we know it today. In British Columbia today there are probably one hundred and ten registered in the specialty of psychiatry, and Dr. Davidson, my source of information, believes that at least forty of them are in private practice in Vancouver. The others are scattered throughout the province, showing how, in twenty five years, one province has climbed from four or five to one hundred and ten.

So far as I have been able to ascertain, the first man who devoted himself entirely and exclusively to the private practice of psychiatry in the Northwest was J. B. Loughary who in 1908 established in Seattle a small sanitarium known as the Puget Sound Sanitarium. This flourished well, but because it was within the city limits of Seattle and because they took care of an occasionally violent patient, an edict for its removal was requested by King County in 1909. At the same time a Dr. Snook had established a private institution in Steliacom, Washington, known as Iron Springs Sanitarium. He had run into the same trouble as Dr. Loughary, and so the two of them combined their activities, bought property near Puyallup, Washington, and established a sanitarium again known as the Puget Sound Sanitarium. Dr. Loughary's health failed rapidly after this and for years Dr. Snook ran this private sanitarium in Puyallup. He made many contributions and attained considerable prominence in the field. His name continued to be associated with the institution until the late 1940's when his successor, A.C. Stewart, was killed in an accident. Dr. Stewart had taken over from Dr. Snook in the late 1920's, but Dr. Stewart, in his inimitable Scotch manner, continually referred to the sanitarium as Dr. Snook's.

A number of other men have made psychiatry prominent in Seattle. I would tell you of two.

Dan Nicholson was known as the elder psychiatrist in Seattle for many, many years. He was born in 1874 on Prince Edward Island. He graduated with one of the very early classes at the University of Minnesota and had learned his psychiatry in the medical school and in the state hospital system of Minnesota before coming to practice in Seattle in 1905. The annual directory of the American Medical Association has indicated that he was one of the very early people in Washington who was listed as completely limiting his practice to nervous and mental diseases.

Dr. Nicholson was active in psychiatry twenty-five years ago and often appeared at North Pacific Society meetings. He died in April, 1948, and was labeled by Dr. Baker as "the last of the alienists." He has always occupied a prominent place in the hearts of those who knew him, he was a very pleasant person to know, an extrovert, he loved friends, he enjoyed the social life, and his ability to practice medicine was tremendous. Were anyone to ever question the difference between the art and the science of medicine, they had but to watch Dr. Nicholson in action.

Probably his greatest contributions in the field were in the medico-legal things that he did. His ability to teach people, not just interns and physicians, but also individuals in the community, made for him a place as one of the real pioneers in psychiatry in the Northwest.

Paralleling Dr. Nicholson to a very large extent was another man about whom I had heard many things before I came to the northwest. This was George Price, who also practiced in Seattle. He had come to Seattle some time in the early 1920's, after a distinguished career in the city of Philadelphia where he had gone to school, interned and had his specialty training, and then had established himself in a neurological practice. He did practice for a number of years and taught for a considerable

length of time at one of the medical Schools there. He was a great friend of Tom Throckmorton of Des Moines, Iowa, who was the last of the individuals trained by Silas Weir Mitchell. Because Dr. Throckmorton's son was my roommate at medical school I was frequently told that if I ever came west to practice psychiatry I should look up George Price because there was the man who set the stage, and determined the caliber of work that would be done in private practice in this area.

Oregon has not been without its prominent pioneers in the field. There are probably more to be pointed to as prominent than in any other area of the Northwest. I have decided simply to mention today three whom I feel must be considered.

The first of these, Simeon Edward Josephi, born in 1849 and prominent and influential in our state until 1935, has been labeled as the individual who affected the medical profession of Oregon more strongly through his high character and unselfish devotion to medical education than anyone else. Dr. Olaf Larsell in stating this added, "Few men have served their state so well as the citizens who first sought the public good."

Dr. Josephi first came to Oregon to work as a bookkeeper for the original Oregon Hospital for the insane. It was as a result of his association there that he went to medical school in California. When he returned he became associated with Dr. Hawthorne who was then running the state hospital. In 1881 he became superintendent of the Oregon Hospital for the Insane. In 1883 he gave up this relationship to the mentally ill, went into general practice, and then became professor of obstetrics at the old Willamette Medical School. But by 1885 he was back as superintendent of the Oregon Insane Asylum which had been established in Salem. He continued to play an important part then in the field of mental illness because he became not only the first professor of nervous and mental disease at the University of Oregon Medical School, but also its first dean. He was head of that institution until he retired in 1912. He helped organize the original Multnomah County Medical Society, first known as the Portland Medical Society. He helped organize

the Portland Academy of Medicine. He served as president of these organizations. He was the 11th president of the Oregon State Medical Society in 1884-1885. Were this not enough to give him influence, he served terms in the State Senate, he was on the State Board of Pardons, he was a very active member in the Episcopal Church, and he was instrumental, of course, in getting not only the state but also private mental institutions established here in Oregon.

Another of the individuals who was most active in establishing private institutions, but also those other than private, was Henry Waldo Coe. He was born in 1857, and died in 1927. He had been raised in Wisconsin, had graduated from Minnesota, studied medicine at the University of Michigan, and obtained his medical degree from Long Island Hospital in 1880. He practiced in North Dakota where he was extremely active in medical organizations, being president of the North Dakota State Medical Society before coming to Portland. When he came to Oregon he immediately became active in the Oregon State Medical Society and eventually was its 29th president in 1902-1903. Not only for these things might he be considered a contributor, but he was for many years professor of nervous and mental diseases at the Willamette Medical School, and served as consulting neurologist and psychiatrist to various state and local hospitals in the entire northwest. He started the very first medical journal in the northwest, known as Medical Sentinel, and for a number of years this was the only medical communication many doctors had. In 1898 he took over the then existing Mind Ease Sanitarium and eventually converted it into the Morningside Hospital. This is the large institution on the east side of Portland today. Dr. Coe was an extremely vigorous man with very strong opinions. He often expressed them through the editorial pages of the journal. He directed the hospital, he was a born leader, he contributed to medical education, and he left his imprint on the entire Northwest because of the ability he had to think, to project his thinking, and to provide the impetus necessary to see it carried through.

The third man in the history of the Oregon scene has recently departed our company, and his presence on that scene will be, for even another quarter of a century, sorely missed. I refer of course to Laurence Selling, who was known to so many of you that I ought not have to comment more than to mention his name. He was born in Portland in 1882, was a graduate of Johns Hopkins University School of Medicine, was a specialist in internal medicine with particular emphasis on neurology and psychiatry, and he managed, in his 50 years in medicine, to introduce important changes. They still influence the manner in which medicine is practiced in Oregon and will for years to come. I say he practiced, for it was in the field of private practice that he had his greatest impact, notwithstanding the influence he had in academic medicine. He served the University of Oregon Medical School for twenty-five years, most of those years as Professor and Head of the Department of Medicine. It was under his tutelage that the Department of Neurology, then the Department of Psychiatry, came into being. He was tremendously interested in all aspects of these fields, and although he did not singlehandedly initiate such things as the Mental Health Association of Oregon, the early Child Guidance Extension Clinics, the present Community Child Guidance Clinic, the Oregon Neuropsychiatric Association, or the North Pacific Society of Neurology and Psychiatry; his interest, his impetus, his contributions, and his attendance at formative meetings were of great importance.

Now I have not mentioned a great many men that all of you will think of as contributors in our area. I have not entered into this talk today to mention everyone. Each of you will think of his own examples.

In closing, I would plead for thoughtful consideration of the heritage from yesterday that so enriches our lives today.

It would seem that here in the Northwest in psychiatry we have some pretty solid roots, and from them we have grown in tallness and strength. We have respect from all of medicine. We are admired by our medical colleagues who now accept

us graciously. We have no borders, for in Oregon, Washington and British Columbia, psychiatrists long ago eliminated these lines. We have friends, position, opportunities, trust, and a promise for tomorrow, all because of the efforts and foresight of those who were here only a quarter of a century ago. Let us guard these well!

I would close by quoting a poem that was recently handed to me by one of my patients, one to whom I mentioned that I was doing a review of the contributions of those in the past. It is by Anna Holm Poque, and was first published in the Oregonian:

THOSE WHO LED

When broken feet have worn a trail
The bloodied prints - grown dim - still show
A following climber where to go
Or not to go; how to assail
And vanquish hazards that prevail.
But whether the pace was swift or slow
Those who led alone will know
The penalties first steps entail
And bear, however well concealed
The scars from travel-wounds now healed.

Chapter VI
OREGON PSYCHIATRY FROM 1940 to 1973: AN OVERVIEW

Herman A. Dickel, M.D.

Events which marked the new era:

For reasons that are not entirely clear, 1940 seemed to be a turning point in the history of psychiatry in Oregon. It may well have been the accumulating war clouds over the horizon. The European situation was getting serious, our relationships with the Far East were strained, and yet if one studies the whole picture carefully, it would appear that Oregon simply was professionally reaching that point where the specialty of psychiatry was needed. It tended to parallel the rapid changes that were taking place in our field throughout the country. Its rise in Oregon was perhaps no more dramatic than any other place. However, because Oregon was an "older" state, but still considered a part of the Far West, it seemed delayed in coming.

There was no one single event that climactically started the new era, but one of the most significant events was the closing of the psychiatric ward in the Emanuel General Hospital in Portland, Oregon. This closure of psychiatric space in a general hospital was a blow to the psychiatrists there. They had felt they were doing a good job and the patients that were so benefited certainly appreciated their inclusion in a general hospital for the treatment of psychiatric disturbances. It must be recalled, however, that psychiatric patients at that time were not quite as we see them in 1973. People did not approach psychiatrists as early, with as much optimism, or with as much hope that they would get beneficial treatment. As a result, the patients were usually more critical, or further along, in the course of their emotional or mental illness. As a result, there was not the nursing personnel trained to handle the more difficult patients, and the seriousness of such a situation in a general hospital was beyond the ability of the average hospital staff or board of trustees to long endure.

As a result of the closure of this space at Emanuel Hospital, Portland psychiatrists were sorely pressed as to what to do with their patients. There were still the few nursing home-like structures around Portland that would receive patients, but any sort of organized patient care was essentially nonexistent in these places. Occasionally advanced "luetic" cases (paresis) or the more serious alcoholic problems, and occasionally some of the milder schizophrenic reactions could be treated there. But actually, when the ward at Emanuel closed, a great void existed.

A rather beneficial occasion, however, did take place in the early 1940's. Those of you who know Oregon medical history will recall that after World War I, the Veteran's Administration had started a hospital structure on the corner of N.E. 2nd and Multnomah Street on the east bank of the Willamette River in Portland. This five story structure was never completed, and remained in an incomplete state for years. Eventually a number of physicians in downtown Portland, many of them with graduation from and experience in homeopathic medicine, banded together and decided to take over this space, revamp it into a suitable general hospital, and name it after their alma mater in Philadelphia, Hahnemann Hospital.

This group approached the then practicing psychiatrists in Portland with the idea that perhaps psychiatrists would like to consider utilizing some of the space in the new facility. This was welcome news, and such physicians as Drs. Berkes, Dixon, Hutchens, Evans, Sturdevant, and Haugen rallied to the suggestion and formulated plans with the main group of physicians who would run the hospital. When the hospital opened in early October, 1940, it represented a real landmark in psychiatry in Oregon, for a real psychiatric ward took the entire second floor. It was properly divided into sections so that all aspects of treatment could be utilized, and a variety of cases could be handled according to their needs and their severity. That unit has continued to function since its opening, and when Hahnemann Hospital

expanded in the mid 1950's, the psychiatric unit expanded in the same proportions.

But Hahnemann Hospital did not remain so named for long. By the early 1950's it became apparent that some of the older guiding hands were interested in the shift of ownership and management. The decision was finally made to deed the hospital to the citizens of Portland, and it became a tax exempt organization, with a board of directors and an administrator. At that time, the name was changed to Holladay Park Hospital because of its location near Holladay Park, and the first full time trained administrator took over. Mr. Jalmer Hendrickson was most effective in this role, for he supported well the psychiatric continuation as part of the hospital. Until his retirement in 1972, he aided and abetted everything that the psychiatrists needed or promoted to the best of his ability.

Another significant event took place in 1940. Beginning as early as 1939, there was the realization on the part of psychiatrists in Oregon and Washington that their specialty group had no regional organizations or meeting places. Due to the efforts of Dr. Edward Hoedemacher in Seattle, and Drs. Henry Dixon, DeWitt Berkes, Wendell Hutchens of Portland, and a few others, interest was brought to that point where an organization to be called the North Pacific Society of Neurology and Psychiatry was formulated in late 1939. Their first real meeting, however, was not until 1940, and it was essentially organizational in character. It was considered appropriate in those times that the organization include not only psychiatrists, but also those interested in neurology, neuropathology, or any of the basic sciences closely related thereto. The first scientific meeting of the organization was held in the Medical Dental Building in Tacoma, Washington, in April, 1941.

This organization marked the beginning of a number to follow. It was significant because it marked the recognition of the neuro-psychiatric field as a specialty in the Northwest, and the

moving together of individuals in this field from Oregon, Washington, and British Columbia. This organization remains an extremely active, well integrated and well attended organization thirty three years later. In the beginning it met twice a year, but with organizations appearing after World War II, it now meets only once a year consecutively in Oregon, Washington, and British Columbia.

In 1941, another event took place which significantly changed the history of psychiatry in Oregon. That was the coming of World War II. Even before actual war was declared in December, 1941, some of the psychiatric groups were preparing themselves for wartime activity. World War II took many psychiatrists from Portland, most of them serving at various hospitals where needed. Some of them left and returned. A few of them, however, found the war and the separation from Oregon a means of altering their location and did not return.

From Oregon, the psychiatrists who gave military service were Drs. John Evans, Wendell Hutchens, Gerhardt B. Haugen, Henry H. Dixon, Sr. Anthony Sturdevant and Evans were in the Army, the latter at the base hospital from the University of Oregon Medical School. The others were with the Navy serving in base hospitals. Dr. Hutchens was in Hawaii; Dr. Haugen, in Pend Orielle Lake, Idaho; Dr. Dixon, in San Leandro, California and Hilandia, New Guinea. Fortunately all survived. Dr. Sturdevant did not return to Portland, but went instead to Beverly Hills, California.

During the time that these men were in the service, Drs. Berkes, Dickel, and a new man, Knox Finley carried on practice in Portland. Dr. Finley, however, entered the Navy in 1945, leaving the psychiatric practice to Drs. Berkes and Dickel. The hospital wards continued, teaching at the medical school continued, but in a most belabored manner.

The spring of 1946 saw another marked change in the history of Oregon Psychiatry. By then all of the above noted men who

had done service in the war years, and who were returning to Portland or Oregon, had come back or declared their intentions of coming back. Private practice and hospital activity seemed to be every bit as good, if not better, than before the war. The war years, because of the large number of psychiatric casualties, had made the public and the medical professionals as a whole aware of the things which could be done for psychiatric patients.

As a result, the first five years after the war saw a rather rapid increase in the number of psychiatrists who entered the state to practice psychiatry. Portland, quite naturally, saw the largest number. However, Salem with its state hospital and Pendleton, with its state hospital, saw an increased number of trained men coming into their areas. On the whole, everyone was pleased by this increase in our professional population. The psychiatric community had long needed this. Patients were abundant and facilities were developing.

One other item is important to include here in terms of significant events that really had a marked influence on psychiatry in the state. When Mark Hatfield became governor of Oregon in 1958, he had expressed a great deal of interest in re-vamping the structure of the state government. His particular interest was to bring under one type of board or departmental control all the things that were occurring in the field of mental health. He was truly a champion of good mental health programs and developed some significant and progressive change for the state. In October, 1959, Governor Hatfield appointed a committee to thoughtfully examine and carefully make recommendations in regard to the State's role in the mental health picture in Oregon. This committee consisted of professionals such as Dr. Dean Brooks, Superintendent of Oregon State Hospital; Judge Virgil Langtry of Portland; Dr. George Saslow, Head of the Department of Psychiatry at the Medical School; Mr. Stuart Stimmel of the Boys and Girls Aid Society in Portland; and Dr. Harold Osterud of the Lane County Public Health Programs. Also included

were extremely interested and valuable non-professional individuals such as Mr. Irving Enna of Portland and Representative White of Salem. The Chairman was Dr. Herman A. Dickel of Portland.

This committee met almost weekly in Portland or in the Governor's meeting room in Salem. Their study was very intense. They had the very able assistance of the present head of the Department of Political Science, Dr. Ted Shay of Willamette University. He was the committee's full time executive secretary and was a constant liaison person between the committee, its members, and the Governor's offices and resources. Final conclusions were made by this committee on April 7, 1960. The recommendations initiated the present Division of Mental Health under the Board of Control of the State of Oregon. It has been a very influential force in the whole field of psychiatry since its origin. The first director of the division was Dr. Joseph Treleaven.

Private Practice Trends:

One of the major changes in psychiatry between 1940 and 1973 was the shift from an entirely government oriented care program for the mentally ill to one largely dominated by those in private practice. From its early origin, psychiatry had been more oriented to government funded and supervised programs. The original "asylums" had been government sponsored and maintained. The earlier state hospitals had been similarly oriented. The Veteran's Administration after World War I had psychiatric units. The University of Oregon Medical School had psychiatric out-patient care, and the first child guidance clinics in Oregon were government sponsored. However, in 1940 the shift changed, and rather rapidly. From 1946 on, the scene was dominated by those in private practice. They opened offices in Portland, then Salem, Eugene, and Medford. By 1973 there were few of the larger communities of Oregon that did not have a full time psychiatrist, ably trained and recognized in the practicing field. At the time of this writing, the following communities had psychiatrists in

private practice within the community: Portland, Salem, Albany, Corvallis, Eugene, Roseburg, Medford, Klamath Falls, Bend, Hillsboro, Oregon City, Lake Oswego, Pendleton and Ontario. Other communities at one time or another had psychiatrists for short periods of time.

In the beginning, psychiatrists were inclined to practice alone as individuals. But slowly the trend grew toward grouping into multiple setups. Perhaps the first to encourage this sort of arrangement was Dr. Henry H. Dixon, who has been noted as one of the real pioneers of the psychiatric community of Oregon. His first associate was Dr. Anthony Sturdevant, soon to be followed by Dr. Wendell Hutchens, and Dr. G. B. Haugen. This group dissolved during World War II, but in 1946, as these men returned, Dr. Dixon again had a group with him. The new group included Dr. Herman Dickel, Dr. G. B. Haugen, and Dr. Robert Cohen. Dr. Berkes and Dr. Hutchens formed another group. By the mid-1950's, other groups had appeared and were functioning smoothly. None of them took on any specific names until 1969 when Drs. Smith, Sprang and Turner became known as the Psychiatric Clinic, and Drs. Dixon, Dickel, Shanklin and Phillips became known as the Portland Psychiatric Clinic.

Educational Changes:

The late 1950's saw another remarkable change taking place in psychiatry paralleling the changes that were taking place in the other fields of medicine. This was the coming of full time people in the various teaching areas of the University of Oregon Medical School. People interested in the climatic changes that took place at that time would be advised to look carefully in other areas of the history of medicine in the state. For indeed it was a stormy period, and many personal hurts and injuries took years to subside or heal.

Troubled times are invariably difficult to take, but nonetheless do represent progress. The coming of the full time teaching staff to the Department of Psychiatry at the Medical

School and was indeed beneficial for all concerned. The first full-time head of the Department of Psychiatry there was Dr. George Saslow, who made many innovations, started many fine programs, and for the first time set up a very fine residency training program. Fortunately for the mentally ill, this resulted in many outstanding psychiatrists joining the ranks of the profession in Oregon directly upon completing their residency training program at the Medical School.

Institutional Changes:

The institutions of the state were changed substantially in the era between 1940 and 1973. This paralleled changes that were taking place in the whole field of psychiatry throughout the country. Changes were necessitated by the shifts from the dramatic therapies such as insulin, metrazol, and the older forms of electric therapy to the more easily understood and appreciated forms of treatment such as the psycho-pharmacologic drugs, the modifications in the use of electric therapy, the incoming of better trained personnel, larger numbers of practicing psychiatrists, etc. All of these things have their impact on the institution.

At the state hospital in Salem, the significant changes included the coming to the superintendency of Dr. Dean Brooks, a young, progressive, well-trained man, who became the epitome of the administrative psychiatrist throughout the country. He assumed office in the 1950's and continued to be present and exert his beneficial influence even into the 1970's.

When Dr. Donald Wear left the superintendency of the Eastern Oregon Hospital in Pendleton, he was followed by Dr. Emanuel Silk. Dr. Silk, like Dr. Brooks in Salem, made many innovations.

Regarding the state institutions, two other major changes took place of note. Early in the 1950's, through the efforts of Dr. Ferdinand Dammasch, a practicing physician in Portland, but long a member of the State House of Representatives, it had

become apparent that the State needed some type of state maintained facility for the elderly. Most desired was an institute to take care of those elderly individuals for whom there seemed to be no other place of accommodation. Through the efforts of Dr. Dammasch, a committee was appointed by Governor Paul Patterson to review the situation and pick out a suitable spot for the erection of such a facility. This had followed the passing of such legislation to effect this sort of activity. The committee appointed consisted of Drs. Charles Holman, D. C. Berkes, Herman Dickel, Tom Meador, and Dean Brooks.

The committee was chaired by Mr. Ernest Greenwood, then manager of the Bank of California in Portland. The group spent a great deal of time touring the metropolitan and outlying areas of Portland in Multnomah, Clackamas, and Washington Counties to find a place acceptable to the government of Oregon for the location of the new institution.

Eventually a place was decided on approximately a mile west of a small community known as Wilsonville. Here, after much discussion, haggling, and plan changing, the Dammasch State Hospital was opened. Rather than being designed for the elderly, it was eventually designed as a third mental hospital for Oregon and has functioned continually in that role since its opening. Dr. Russell Guiss, appointed as the first superintendent, has ably handled the many problems referred to him and his staff from Multnomah, Washington, and Clackamas Counties.

Also, because tuberculosis passed from a hospital treated disease, in 1960 the State Tuberculosis Hospital in The Dalles was converted. It became an establishment for the care of the chronically mentally ill and mentally retarded people in other state institutions who were reasonably able to take care of themselves provided there was some general supervision and management. This institution became known as the Columbia Park Home for Oregon. A number of people have been transferred there from the State Hospital in Salem, from Fairview Home in Salem, and from the Eastern Oregon State Hospital in Pendleton.

As will be noted in another section of this monograph, the Traveling Child Guidance Clinics originated through the efforts of Dr. Henry Dixon Sr. and were effectively brought into being by legislation in 1937. They functioned almost entirely through the use of men in private practice who either voluntarily contributed their time or made extensive use of their time at minimum fees for services rendered. Prior to the war, Drs. Dixon, Hutchens, Haugen and Evans had serviced such communities in the state as Portland (through the out-patient clinic of the Doernbecker Hospital, University of Oregon Hospital), Salem, Albany, Eugene, Medford, Klamath Falls, Bend, Pendleton, LaGrande, Baker, and periodically in Roseburg and Grants Pass. In 1949, it was recognized that a full time man at the Medical School, in combination with those in private practice, would largely increase the services available. Dr. Charles Bradley, a pediatrician with much specialty in children's psychiatry, came to the medical school, took over the services and ably administered them until the late sixties.

Another significant trend in the late 1950's and particularly in the 1960's was the gradual acceptance of psychiatric patients of various diagnoses for treatment in state general hospitals. On occasions, this was symbolized by the establishment of small psychiatric units, such as the one set up at Sacred Heart Hospital in Eugene, Oregon, known as the Robert Johnson Memorial Unit. In most cases, as with the psychiatric unit of Holladay Park Hospital in Portland, the services were simply started and no particular name was given to the units. Various hospitals have done this, although with no overwhelming wave of enthusiasm. Providence Hospital in Portland, the Memorial Hospital in Salem, the two hospitals in Medford, and St. Vincents Hospital in Portland have at times all tried psychiatric units. None of them remained permanently and as of this writing, only the well-known ward at Holladay Park Hospital and the Johnson Unit at Sacred Heart Hospital remain effective.

However, a relatively new hospital on the outskirts of Portland, Woodland Park, has most recently established a psychiatric

unit. Likewise, in early June, 1972, a corporation owned psychiatric hospital known as Cedar Hills Psychiatric Hospital was established in Cedar Hills outside of Portland. It is owned and operated as a psychiatric service by Community Psychiatric Services of California.

Association With Other Disciplines:

Again reflecting trends throughout the United States in the 1950's and 1960's, psychiatrists in Oregon found themselves increasing their cooperation and treatment programs with the clinical psychologists and the psychiatric social workers, whose ranks were slowly increasing within the state.

However, no real concerted effort was being made by any of these groups to interrelate the disciplines in a way that was beneficial to all parties concerned. It would appear, as was found in most states of the Union, that it is difficult to break down some of the barriers between disciplines that have been decades in developing. The era between 1940 and 1973 was not without its losses; some of them minor, but some of them truly major. As noted in an earlier chapter originally written by Dr. Olaf Larsell, one of the influential psychiatric institutions in the North Pacific area was Morningside Hospital on S.E. Stark Street in Portland. The Coe family, relatives of the original owner and medical director, had continued the operation of the hospital, and the contracts they had with the Federal government to care for the mentally ill and committed people of Alaska to the best of their ability. Many fine physicians had been involved in this outstanding program.

From 1940, Dr. Lawrence Serea had been the medical director with Dr. John Haskins as representative and overseer from the Federal government (the Department of Territories). After Dr. Serea's death, other men followed and maintained the same great treatment program. It must be pointed out here that this hospital came to its own conclusion near the end of the 1960's. When Alaska became a state, and its own mental hospitals and facilities were built near Anchorage, the need for the transportation

of patients to Portland ceased. The contracts ran out. Henry Coe, grandson of the founder of the institution, decided to try to keep it on a private basis. For this purpose, he hired such a competent man as Wendell Hutchens, M.D. as medical director. But finally in 1969 the decision was made to sell the hospital and its grounds to a development concern. Morningside Hospital was officially closed, and the few patients who remained there were either sent back to Alaska or into homes that could be found for them in the states. Again, this is not pointed out as a loss. But it could be viewed as one, particularly by those who appreciated the tremendous gains that private practice made in the beginning of the era.

But the real losses to the psychiatric field occurred toward the end of the era. The men who had been most instrumental in shaping psychiatry for this period in Oregon, those who had carried the load in all respects, those who were most instrumental in initiating the solid programs, and who were most truly the pioneers of psychiatry in Portland, began to fade away and leave the scene by one route or another. Obviously all cannot be listed but a few who were outstanding will be mentioned.

Dr. DeWitt Clinton Berkes, who had come to Oregon to practice in Portland in 1938, passed away at his home in 1967. Dr. Berkes was a neuropsychiatrist who greatly assisted, and usually initiated the programs set up on hospitals. He was particularly well known for the work he did in establishing the psychiatric wards at the old Hahnemann Hospital, now the psychiatric section of Holladay Park Hospital.

Dr. John Evans passed away in 1970. Father of John W. Evans of Portland, Dr. Evans had for many years been superintendent of the Oregon State Hospital in Salem. For his fine administration and for the people that he drew to him, he had been highly esteemed by his close colleagues, by the medical profession, by jurists, and by the legal profession in Oregon.

Dr. James Huddleston, who had been in and out of Portland on many occasions, had practiced and finally retired in Portland. He died in 1971. Dr. Huddleston was a leader in quite an unassuming way because of the unique manner he had of radiating perfection in the field. He was only interested in the best. He only gave the best, and those around him frequently found it fit to follow in this way.

Dr. Gerhart B. Haugen died in February, 1970. Dr. Haugen had been unique also in his way in the field of psychiatry in Oregon. He was as curious as any person ever known. He enjoyed all aspects of psychiatry, but gave little or no time to treatment of patients in the hospital. He was one of the first who toured the state with the child guidance clinic. He gave many dedicated hours to the parole and probation system of Oregon, and frequently appeared in court. He gave much of his time in explaining thoughtfully the attitude of psychiatry to jurors, legislators, school teachers and others.

Dr. James Shanklin, long associated with Drs. Dixon and Dickel, died in August, 1970. Dr. Shanklin was outstanding because of his work in the psychiatric section of Holladay Park Hospital and because of his ability to interpret and handle legal cases. He had gone to law school and had an insight into forensic psychiatry shared by no one else in the state.

On December 2, 1972, Dr. Henry H. Dixon, Sr., passed away. Dr. Dixon, who will be noted in other sections of this monograph, was truly one of the pioneers of psychiatry in Oregon, even though he did not come until October, 1931. During the forty-one years that he was active in the state, there was a tremendous transition. Among the many outstanding things he contributed are the following:

1. He became the first professor of psychiatry at the University of Oregon Medical School.
2. He established an out-patient clinic at the medical school.
3. He helped establish a child guidance clinic for school children in Portland.

4. He established a traveling child guidance clinic for the children in the state of Oregon.
5. He helped establish the Mental Health Association of Oregon.
6. He was instrumental in the organization of the North Pacific Society of Neurology and Psychiatry.
7. He fostered the first practical use of psychiatrists in court situations.
8. He helped organize the Oregon Neuropsychiatric Association.
9. He established an in-patient psychiatric service at Emmanuel Hospital, and was instrumental in transferring this to a psychiatric section at Holladay Park Hospital.

Chapter VII

A HISTORY OF THE EARLY YEARS OF THE NORTH PACIFIC SOCIETY OF NEUROLOGY AND PSYCHIATRY

Edward D. Hoedemaker, M.D.

The early days of the practice of neurology and psychiatry in Seattle (early from the standpoint of the writer), began at the time of his arrival in Seattle to practice neurology and psychiatry in October, 1933. At that time there were but three men in this field: Dr. D. A. Nicholson, Dr. George E. Price, and Dr. A. W. Hackfield - the latter having arrived in Seattle in August of the same year. Dr. Nicholson had practiced in Seattle for many years, confining his practice to psychiatry, and using facilities known as The Meadows, a private sanatorium located at the southeast corner of what is now Boeing Field. Dr. Price, formerly Professor of Psychiatry at Jefferson Medical College and a thoroughly trained neurologist as well, had formerly practiced in Spokane and had apparently retired in the late 1920's only to return to practice in Seattle either in the late 20's or early 30's. He also used the same facilities for the hospitalization of his psychiatric patients but was long regarded as the top organic neurologist in the Pacific Northwest. Dr. Hackfield, of Texas origin, after training both in Philadelphia and Germany, had come directly to Seattle in August, 1933, purchasing the practice of a Dr. Chris Bowrer, a practicing neurologist, who had died a few months previously as a relatively young man. Dr. Hackfield's training was almost entirely in the field of psychiatry and his career was interrupted by his untimely death in 1941. The writer (Dr. Hoedemaker) came directly to Seattle to practice neurology and psychiatry after having completed his residencies in neurology and psychiatry at the Philadelphia General Hospital. Having made the acquaintance of Dr. Temple Fey, a neurosurgeon at Temple University in Philadelphia and a member of a pioneer Seattle family, he accepted Dr. Fey's advice to investigate the opportunities for practice in Seattle. News of the untimely death of Dr. Rowrer had reached Dr. Fey.

After having contacted Dr. George Swift and Dr. Paul G. Flothow of the Neurosurgical Clinic in Seattle, Dr. Hoedemaker moved to Seattle in October, 1933. Dr. Frederick Lemere joined the author in practice in 1937 after having received training at Colorado and Queen's Square, London.

The need for an opportunity to get together to talk over clinical material and mutually professional items of interest increased in these first years. After informal professional and social contacts with those practicing the same specialities in Portland, Tacoma, and at the state hospitals and in British Columbia, Drs. Flothow, Haugen, Lemere, Carlson and Hoedemaker, and possibly one or two others invited the following to meet informally in Seattle for the purpose of organizing a society. Dr. Henry H. Dixon, Dr. Wendell H. Hutchens, Dr. DeWitt C. Burkes--all of Portland; Dr. Charles F. Larson of Tacoma; Dr. Clifford Halvorsen of Western State Hospital; Dr. Charles Miller, Jr., of Eastern State Hospital; Dr. Robert Southcombe of Spokane; and Dr. U. P. Byrne of Essondale, British Columbia were invited to join the others September, 1939.

The organizational meeting of the North Pacific Society of Neurology and Psychiatry was held in the auditorium of the Medical-Dental Building in Seattle, Washington on September 9, 1939. After informal discussion of the purposes of the organization, the above name was selected as the name of the organization and the following officers were nominated and elected to hold office for the year 1939-40: President, Edward D. Hoedemaker, Seattle; Vice president, Henry Dixon, Portland; Secretary-treasurer, Charles P. Larson, Tacoma; executive committee, U. P. Byrne, Vancouver, B.C.; Dewitt C. Burkes, Portland, Oregon; and Hale Havan, Seattle.

It was moved and approved that the next meeting of the Society would be held in Tacoma, Washington in the spring of 1940. The secretary-treasurer was ordered to prepare fellowship certificates, purchase necessary accounting equipment and mail a copy

of the constitution to each of the Fellows of the Society. The meeting was adjourned at 5:30 in the afternoon and a banquet was held at the College Club, Seattle, the evening of the same day.

The second meeting of the Society was held Saturday, April 20, 1940 in Tacoma, Washington. The meeting was called to order by the president at 9:15 in the morning and the following program was presented.

According to the program, dinner was held at the Tacoma Hotel in Tacoma, Washington, with the guest speaker a Scott Z. Henderson. The memory of this first formal scientific meeting of the Society remains rather vividly in the mind of the writer. It is recalled that there was considerable imbibing of liquor before the evening banquet and that during the banquet a man who spoke with a strong german accent burst in the door and announced that he was a visiting professor who had just arrived I think from Heidelberg. He proceeded, after being invited to the speaker's table, to read a paper entitled "Diagnosis and Treatment of Pelvic Nystagmus". This man was a Mr. Karl Horn, a Seattle Symphony violinist from whom Dr. Hoedemaker, the president, had been taking violin lessons for a year or two. The paper that Mr. Horn read had been written by the president and, due I am sure chiefly to the blood alcohol level of the listeners, was received with great acclaim.

There was an understanding between the groups in Portland, Vancouver, B.C., and Seattle that our first meeting would be in Tacoma, half-way between Portland and Seattle, more or less. After that, meetings would be alternated between the above-named three centers of population.

The third semi-annual meeting was held at the University of Oregon Medical School in Portland on November 9, 1940. The early meetings were attended with considerable enthusiasm by a high percentage of the roster. There was much discussion, both of the scientific papers presented and of the various necessary details incident to the young, burgeoning society. The early

membership will well recall the banquet held in Portland that year at which time Dr. William K. Livingston, a neurosurgeon in Portland, entertained with a sense of humor that this writer has never seen surpassed, at least among medical men.

At this meeting the following officers were elected for the year 1940-1941: President, Henry Dixon; Vice President, Hale Haven; Secretary-treasurer, C. P. Larson; Executive Committee, D.C. Burkes, U.P. Byrne, Paul Flothow, and Charles Miller, Jr..

The fourth semi-annual meeting was held at the Rainier Club in Seattle, Washington on Saturday, April 26, 1941. It was called to order by president Dixon. It is to be noted that the Second World War was drawing the attention of the Society more and more. Many of the Canadian members had been called into active service, and a large number of the American members anticipated being in uniform soon.

The fifth meeting of the society was held September 10, 1941, at Western State Hospital, Fort Steilacoom, Washington. Because of the presence of the neuropsychiatric seminar being held at the Western State Hospital and a wide attendance of our membership at the seminar, the meeting of the Society consisted only of a short business meeting and the membership was given credit for attending the seminar as having attended the meeting of the North Pacific Society. Several outstanding visitors from outside this district took part in the seminar.

The sixth meeting of the Society was held May 9, 1942 at the University of Oregon Medical School in Portland. It was called to order by Dr. Dixon. Apparently no record has been kept of the scientific content of this meeting.

The writer himself entered military service in October, 1942 and was absent from the Pacific Northwest until April, 1947, having spent two years at the Menninger Clinic in Topeka, Kansas and returning then to Seattle to resume practice.

Chapter VIII
THE BEGINNING OF THE
OREGON DISTRICT BRANCH
OF THE AMERICAN PSYCHIATRIC ASSOCIATION*

James G. Shanklin, M.D.

I have been asked to address this gathering on "The History of the American Psychiatric Association in Oregon." Actually, to date, this would be more aptly described as the history of the A.P.A. activities in the Northwest, inasmuch as our organization thus far has been composed of the North Pacific District Branch. The text is necessarily a brief one, inasmuch as our Northwest psychiatric activity with the exception of a few individuals who have reached council level has been quite sporadic, and suffering from lack of drive.

One will remember that Dr. D. C. Burke served on the Council of the American Psychiatric Association for a full term of three years, and Dr. Burke, to my knowledge, was the only Oregon psychiatrist who achieved this level of national recognition. From the Northwest we presently have Dr. Ripley of the University of Washington School of Medicine serving on the Council, and within recent years, Dr. Douglas Orr also was a Council member.

The unwieldy, top heavy administrative organization of the American Psychiatric Organization led to the District Branch movement, which this year is ten years old. The country was divided into five areas, and District Branches were formed within these areas; the organization and geographical area represented by a District Branch dependent upon the number of psychiatrists available to form such a branch.

In 1953 the North Pacific District Branch was organized, as a branch within Area V, which includes a North Pacific District Branch and the various California District Branches. Instrumental in the initial organization of the North Pacific District Branch were Dr. Herman Dickel and Dr. Wendell Hutchens. If my memory serves me correctly Dr. William Baker of Seattle was its first

*Read at the First Annual Meeting of the Oregon District Branch of the American Psychiatric Association, Salem, Oregon, June 6, 1963.

president. Representatives from this area to the annual meeting of the Assembly of District Branches were, as I recall, Dr. William Y. Baker of Seattle, Dr. Wendell Hutchens from Portland at one time, Dr. Charles Jones of Washington, and in the last three years, myself.

Originally the Assembly of District Branches was a very informal meeting, a small friendly group with a rather informal agenda, and with very little administrative power, a problem which remains in considerable measure today. Thus the interest of our representatives was rather superficial, as the North Pacific District Branch was never active enough to issue directives to its representatives, nor to guide them on controversial issues which were anticipated at the forum of the Annual National Meeting. The general apathy which characterized the North Pacific District Branch was breached in only one year. This was in 1959, when it was the turn of the North Pacific District Branch to hold the Western Regional Meeting. A small group of individuals were able to organize an excellent scientific program, make the necessary hotel and entertainment arrangements, and go through the agonizing task of raising some \$5,000 to hold the meeting without taxing the individual members in the Northwest in a punitive fashion. The success of this meeting made the following offices very hopeful that we could become a truly dynamic organization, but the apathy immediately returned and our meetings were simply prefuntory affairs held shortly after or during the meeting of the North Pacific Society of Neurology and Psychiatry.

Newsletters from the North Pacific area were published sporadically, and only at the dictates of the conscience of a few individual members. Just in the last two years, a request for inspection for a mental hospital achievement award was completely ignored by the top administrative officer of the North Pacific District Branch, and the opportunity of the hospital to receive recognition was thus automatically denied.

It was this sense of hopelessness of organizing Oregon, Washington, and British Columbia into a dynamic group meeting several times a year for the purpose of debating controversial political and social welfare issues, as well as to have scientific papers presented that led to the idea of organizing a separate Oregon District Branch. Again, I know that we must credit Dr. Dickel with a great deal of the original state work in this organization, which we began to discuss just about a year and a half ago. Dr. Dickel sent out questionnaires to all the known members of the American Psychiatric Association in Oregon, and received very encouraging replies from men in psychiatric practice in all varying situations. The enthusiastic response to our first meeting last November and the yeoman service done by Dr. John Waterman especially (and his committee) made it possible to present to the Assembly of District Branches in 1963, to the policy committee, and finally to the Council of the APA, a finished product in the paper structure of the Oregon District Branch. Thus it was that we achieved an independent status, state wide, in record time.

The importance of this organization lies in many directions. First the Assembly or District Branch is becoming slowly but surely an increasingly powerful voice in directing decisions of consul. It should be possible for this organization to have at least an annual, or preferably a semi-annual newsletter, which is complete, thorough, and which can also reflect not only news items of a personal nature, but opinions on mental health activities, APA policies, and provide as well a news organ which is worthy of display at the annual meeting; and the dinner for newsletter editors.

It is my hope that the Oregon District Branch does indeed become a forceful, opinion-rendering, and opinion-forming group that will make its voice heard not only within the legislative and administrative areas of the state, but in medical legal matters, and through proper direction of its representatives make its force felt within the National Assembly of District Branches and thus into Council as well.

Chapter IX

THE CONTRIBUTION TO STATE WIDE MENTAL ILLNESS & HEALTH BY THOSE IN PRIVATE PSYCHIATRIC PRACTICE*

Herman A. Dickel, M.D., Harry Sprang, M.D., Rogers Smith, M.D.

Recently Dr. Kenneth Gaver asked us to be prepared to discuss, at a panel setting, before the District Branch of the American Psychiatric Association in Oregon, the contributions of psychiatry from those who practice privately here in Oregon. To do this, we have necessarily resorted to a paper given before the North Pacific Society of Neurology and Psychiatry in April, 1961.

That paper, entitled "The Psychiatrist in Private Practice" was prepared at a time when the senior author had just finished acting as chairman of a committee which had made recommendations to the Governor of the State of Oregon which in turn recommended certain changes in the administrative aspects of mental health here in Oregon. The outcome of that committee's recommendations were such that we see present here in Oregon at this time the Division of Mental Health of the State Board of Control, for which Dr. Joseph Treleaven acts as the Administrator.

One cannot help but be impressed when they take the time to seriously study the activity of those in private practice and the contributions they make in the field of mental health here in Oregon. We recognize that a very large load is carried by everyone in the field of medicine, but few recognize what a number of things those in private psychiatry do for the rather great burden that presents itself in the field of care for the mentally ill and promoting mental health.

We think that we should first make it a point that in the consideration of those in private practice we include only those individuals who do a minimum of 75% of all their work in the field of private practice. We have made this a very rigid rule in all our considerations for we feel that a person cannot be considered in private practice if he is doing any less than this.

Presented January 30, 1965

Likewise we feel that anyone in private practice who is truly in the field of private practice must have an office which he maintains himself or which he shares with colleagues. By this definition there are presently between 35 and 40 people in the state in private practice, with additions coming and going each year. It would depend upon which particular month one sat down to do their figuring as to what figure they found.

This group of physicians presently average between 90 and 92% of their time taking care of private patients. Besides this, they are doing considerable work in helping agencies, in teaching, in doing work with private hospitals, in helping the outpatient clinic at the University of Oregon Medical School, and in assisting or acting as consultants in other teaching institutions. They are supplying professional advice or consultation to between 85 and 130 separate social agencies on the basis of so many hours a day or week for which they are partially reimbursed. They contribute without charge to some agencies or institutions between 100 and 125 hours of teaching or consultation service each week for educational purposes only, and are, on a percentage basis, carrying between 70 and 75% of the actual work in psychiatric education in our state, almost all of it on a completely charitable basis.

At present (January, 1965) the physicians in private psychiatric practice as a whole are seeing approximately 6500 new patients each year. This does not include the patients seen at various agencies, nor does it include the patients seen in clinics wherein they are solely acting as consultants. Were these to be included, then the total number of new patients seen in private practice and through agencies would be in excess of 10,000 a year. This, as is readily seen, is a considerable load as compared to the number of new patients committed or seen annually by county, state, or federal facilities.

It is interesting to note that at present approximately only about 30% of the average daily patient load is that in a state or federal clinic or institution. It would appear that

carriers handle mental illness. This is largely based upon the fact that the average stay in a private psychiatric hospital has been reduced to 8.9 days and this lowered total cost of hospitalization is important if insurance carriers are to realize anythink out of their investment. They have pointed out on several occasions that the average cost of a very serious, acute, remedial psychiatric problem is roughly the same as a gall bladder or hysterectomy in the hands of a specialist.

One additional factor in regard to the cost problem. We think you will be interested in knowing that it has been estimated on several occasions that there is a considerable amount of charitable care given by the group in private practice in psychiatry in Oregon. This is indeed a most important item.

In recognizing the load that is being carried in a given state on a completely charitable basis often the physician in general practice feels he has taken the load. Six years ago when this figure was rather crudely arrived at, it was in the neighborhood of \$195,000 per year. Last year my source of information tells me it is closer to \$215,000 per year, representing a considerable amount that the group is handling, with no, or minimal charge.

It is also pointed out that one additional factor exists in Oregon that is not commonly seen in other places. The majority of psychiatrists in private practice continue to be physicians at heart and they are not at present making charges for their own immediate services when other physicians or families of physicians are involved. There are a few basic exceptions to this which are peculiar to the individual physician doing a certain type of training service involving a particular physician, but in general the service rendered for remedial purposes is uncharged for.

All of you know without reiteration the point that the psychiatrists in private practice are active in medical circles. During the past ten years psychiatrists someplace in Oregon have been

presidents of the state medical association, and of county medical societies; they have been chiefs of staff of general hospitals; they have been vice-presidents and secretaries of general staffs in hospitals and they have been chairmen of various state and county medical organization committees, particularly those involving public relations, public policy, ethics, grievances, and other facets of medical organization work other than that related to mental health, psychiatry, or scientific committees.

We feel that the situation in Oregon is fairly typical of that around the country, but at the same time we feel that there are certain distinct services which the group has contributed to the state, to medicine in particular, which are peculiarly Oregon and will ever remain so. We believe that the organization in Portland, the Portland Psychiatrists in Private Practice, has largely fostered and encouraged this particular contribution, and we think that it is through this organization that many of the good relationships that we enjoy with other physicians in the state has been accomplished.

As you know the whole trend in medicine has been surprisingly interesting during the past twenty-five years. We live now under a rather obvious cloud of concern for the future. The last election emphasized all too readily that we must continue to consider the threat of governmental or bureaucratic medicine of some sort. With this would come the loss to the physician of the basic doctor-patient relationship that has been so very important to him through the years.

But have you ever considered the rather specific fact that in the field of psychiatry the trend has been diametrically opposite? Fifty to one hundred years ago almost all psychiatry was "state medicine." The coming to psychiatry of private practice has meant the gradual elimination of the state type of medicine that everyone had in the past and the establishment of good sound private practice in this field. Whereas the rest of medicine is concerned about their future, the psychiatrists have

proven within the last two decades that it is possible to carry on in the face of these considerations. It is important for all of medicine, but particularly those in general practice, to recognize the concern then, that those of us in psychiatry have at present time when we say that the establishment of community clinics by any organization for the purpose of psychiatric care in a community must be very carefully watched, supervised and restricted by the medical profession or there will be inroading that will eventually return the whole practice, the whole trend, first in psychiatry and then in medicine back into the realm of federalized medical care.

Last and not least we would like to point out one additional factor that has perhaps made those in private practice in psychiatry most related to the field in general practice.

People in general practice have shown some remarkable trends and some advances in the past few years. Probably in the field of the care of the emotionally and mentally ill people have the greatest advances been made. Up until ten or fifteen years ago those in general practice would not only not listen to psychiatrists, but they actually ignored the expression that they should be doing something about those patients with psychiatric illness. Now you will notice that the men in general practice are not only involved, they are adamant in their desire to establish themselves in some way as being able to render service to psychiatric patients, abilities, and establishing a greater reason for being considered not general practitioners, but a good, solid, personal physician for family practice.

This is because psychiatry, and particularly psychiatry in private practice, has brought those agents and those faculties to the hands of those in general practice and encouraged them to make use of it. This relationship to our patients is something that is enjoyed only in psychiatry, and also in private practice. And it is for these reasons that psychiatrists and general practice, both dedicated to and important in the field of

The need for psychiatrists to become active in the regional medical programs was recognized also by Mr. Gail P. Dearing, Managing Editor of Psychiatric News. In an editorial, March, 1968, he said, "It is a mark of the times that psychiatrists are increasingly asked to contribute expertise to programs that at first glance, even to them, seem marginal to their central mission. But it is difficult to see how anyone can view as marginal the essentiality of psychiatric involvement in the planning of regional medical programs for the major killing diseases; heart disease, cancer, and stroke."*

He also noted in the editorial that, two years previously, Ewald Busse, of Duke University had urged psychiatrists to help other specialists in planning regional medical programs. Dr. Busse suggested that psychiatrists would probably learn as well as teach if they became involved. And the Council of the American Psychiatric Association, in the fall of 1967, issued a recommendation that APA district branches, chairmen of departments of psychiatry, and all mental health organizations take the initiative of insisting on psychiatric contributions to regional activities.

Concern over quality:

Oregon Medical Association's Council on Medical Education, although brought into being in 1964, was not by any means the result of sudden inspiration. Concern over quality of medical care has been an important influence back of many actions bearing other labels. But for at least ten years before the Commission was established the word quality was growing in importance. It was undoubtedly this concern over quality that led the Association to insist that a psychiatrist be included in the makeup of the Council on Medical Education. It was the good fortune of one of us to be appointed at the very beginning. Later, another physician, also in practice and enthusiastically working for more use of psychiatry in general practice, was appointed.

* G.P. Dearing, Regional Medical Programs (editorial); Psychiatric News, 1968 (March), p. 2.

Chapter X

PSYCHIATRIC CONTRIBUTIONS TO A REGIONAL MEDICAL PROGRAM*

Herman A. Dickel, M.D., Delbert M. Kole, M.D.

In the medical world, Oregon might be spelled o-r-i-g-i-n, for Oregon has been the origin of many new ideas and new ways of doing things. Psychiatry in Oregon is no exception. The most recent example of Oregon innovation has been the influence of psychiatry on the Oregon Regional Medical Program. And the origin of this influence was in events that took place before enactment of Public Law 89-239 establishing the RMP.

A full year before the idea of regional programs took shape, Oregon physicians were deeply involved in efforts to improve continuing medical education. Psychiatry had a prominent place in the creation and early activity of the Council on Medical Education, established by Oregon Medical Association in 1964, and there has been continuous input from psychiatry ever since. Public Law 89-239 was enacted October, 1965. It created regional medical programs, having for their most important function the continuing education of physicians. As far as we are aware, Oregon is the only state in which psychiatrists have been directly involved in the early pioneering the significant ongoing development of continuing medical education, and in operation of the Regional Medical Program as it groped its way to effectiveness.

Patient Care First:

Activities of the Council on Medical Education and the Oregon Regional Medical Program have been oriented toward patient care from the first, and part of this orientation has been the result of our attempt to enlighten others on the importance of considering the patient as a whole. We had no desire to dominate these programs but have volunteered suggestions when we thought they were needed and we have responded to all requests for information. Relationships have been excellent.

*Prepared from an address delivered to the Western Divisional Meeting of the American Psychiatric Association, Seattle, Washington, August 25-27, 1969. Reprinted from Northwest Medicine, 1970, 69, 776-779.

of private practice, should forever make their relationships known to one another and maintain their communications, one to the other.

Similar recognition of the need for holohedral approach in medicine led to appointment of the committee formed to guide development of the Oregon Regional Medical Program and selection, in 1966, of Herman A. Dickel, M.D., as Chairman of the Advisory Committee. The senior author of this paper has served continuously in that capacity, and, in representing Oregon Medical Association, has been able to provide the liaison between the Council on Medical Education and the RMP.

Staff Support:

Since 1968, one of us (D.M.K.) has been a full-time member of the staff of ORMP, thus bringing further influence of psychiatry into development of the various programs now under way. He has been active in stimulating community health interests, in coordinating community health efforts, in assisting group activities, and in assisting staff, board members, and project applicants to recognize psychological and social components in comprehensive medicine.

He has participated in evaluation of all projects where his advice has been invaluable, particularly in analysis of impact on the quality of living for patients, and recognition of the social context of project activities. Psychiatry thus has had much to say about orientation of all activities of the program toward the whole patient concept - the holohedral approach. This approach, having all the facets required by complete symmetry, is, or should be, basic in all fields of medicine but is particularly well developed in psychiatry. It is the approach we have helped establish in Oregon.

Bringing Technology to the Patient:

Public Law 89-239 differs considerably from recommendations of the commission report giving rise to the legislative consideration of the problems of heart disease, cancer and stroke. The direction of its force is centrifugal, not centripetal. Rather than calling for central facilities, as first suggested, its

thrust is toward improvement of medical care by bringing advances in medical technology from great medical centers to the patient's bedside, wherever the bed may be. It encourages improved methods for exchanging information between medical schools, community hospitals, practicing physicians, and various health institutions, organizations, and personnel. It contemplates no change in financing of medical care or in systems of practice. It is intended to improve patient care through research, continuing medical education, training, and demonstration projects. Primary responsibility for selection of projects and decision making rests with local or regional advisory boards. Central to the mechanism of regional medical programs is the concept of voluntary, regional, cooperative arrangements. This implies involvement, commitment, and coordination of the activities of individuals from a great variety of backgrounds and affiliations.

In the early stages of development the regional medical programs were seen primarily as advanced mechanisms for providing continuing medical education to those engaged in providing medical care and health services. As such, they were heartily supported, encouraged, and related to in most areas by most of those who knew about them.*

Moderation:

In Oregon we have participated actively, from the beginning, but have followed the Shangri-la principle of moderation in all things. We have not tried to convert all programs to psychiatric programs, and we have not insisted that we were the only ones who knew how things should be done. And we have carefully avoided pushing in where our presence would be misinterpreted.

As psychiatrists, we have relied on wholesome suggestions here and there, and gentle reminders to staff, consultants, board members, and all other participants, that there is value in understanding the patient as a whole. Our most consistent

* C J Castle, The program is regional, the feedback is local. Hospital Practice, 1968 (September), 3, 16-20, 24-25.

effort has been directed toward the concept that the real success of ORMP must be gauged on the basis of benefit to the patient. We have sought to convey the idea expressed in the Dearing editorial, that in the field of heart disease, cancer, stroke, and their related diseases, nothing is more important than understanding the emotional and social factors influencing the manifestation of disease, whether projects are oriented toward prevention, detection, management either acute or chronic, or rehabilitation. We have been received warmly. Our contributions have been asked for repeatedly. We believe they have played a role in producing a generally smooth running program.

In this communication we have emphasized our contributions because we believe that psychiatrists should participate in some such manner and because we believe psychiatry has much to offer. Undoubtedly, our opportunity was greater than it otherwise might have been because of previous concern about quality of medical care. We believe we have responded in a manner consistent with the direction being taken by Oregon Medical Association. But, as the Dearing editorial suggested, the value we may have given others has been far outweighed by the value we have received for our participation. We have learned much.

Observations:

As we review our experiences during the past five years, we realize that we can offer certain conclusions about the position of psychiatry in a regional effort such as that we have been engaged in. We should like to make the following observations:

A. Unless psychiatric contributions are made with diplomacy, tact, and persistence they will frequently be ignored.

B. Even though psychiatry is a recognized medical specialty, psychiatric concepts and methods (and psychiatrists) have not been fully accepted into partnership by many practitioners of other branches of medicine, nor in many instances have hospital administrators, lay health organization officials, and lay participants been told of the role of psychiatrists in Regional Medical Programs.

C. The concept of treating the patient as a whole has not been incorporated in any consistent manner in the thinking or practices of many providers of health services. It is a concept frequently voiced but only infrequently approached in practice.

D. The rawest recruit from the public asked to work on advisory boards related to the broad health field is frequently more willing to accept new ideas related to patient care and is more likely to request contributions from the field of psychiatry than are members of the medical profession, or personnel from general hospitals.

E. In some ways psychiatry is not viewed as a full member of the team of medical specialties, as a branch of psychology, or even as a social science. Many people truly do not know how to accept it regardless of how much information on medicine and psychiatry may have been disseminated to the public. We have been mildly surprised by the number of those who do not have a clear picture of the concepts, functions, or practices of psychiatry.

F. Finally, we are convinced that psychiatrists have a significant contribution to make in formulation of comprehensive medical programs, whether at administrative level, planning level, or project level. We believe, with others, that the contribution can increase the total benefit of program activities to the patient and to the groups or social systems in which he, and we, must function.*

Thought for export:

As our experiences grew, so did our conviction that the principles developed in Oregon should not be incarcerated there.. They should be a vital part of every regional medical program in the country, now numbering 55 and covering all states. We heartily second Mr. Dearing's plea that psychiatrists in every region study their regional medical programs, determine what their contributions might be and insist that psychiatrists be

* E.B. Brody, Psychiatry's continuing identity crisis: confusion or growth? Psychiat Dig, 1968 (June), 30, 12-17.

included in development and most of the activities. There should be a place for psychiatrists in planning, coordination, project development and operation, either on a consulting basis or as members of advisory boards.

Real intent of the programs is improvement of medical care. Maximum improvement can occur only if the special knowledge and understanding of psychiatrists can be blended with the contributions of others having special qualifications.

We feel that it is the duty of every psychiatrist, in private practice or working in an institution, and of all psychiatric groups to make this a special project. The responsibility is ours, the needs are great, and the rewards are gratifying.

Conclusion:

Two of us, one acting in advisory capacity, and one as a staff member, have contributed to the formation and operation of the Oregon Regional Medical Program. In the process, we have learned much about the acceptance of psychiatrists and willingness to use psychiatric advice. By not forcing issues, we have gained most of our objectives. We urge psychiatrists in other regions to become involved in some phase of regional medical program activity and we believe psychiatric organizations should adopt such activity as organization policy.

Chapter XI

HISTORICAL EVENTS THAT WILL BE REMEMBERED

Herman A. Dickel, M.D.

During the past thirty odd years the author has had an opportunity to see psychiatry change from truly a pioneering state into an active, participating part of the medical community of Oregon. The satisfaction that anyone could gain in that area has been tremendous. Certain events, so it has seemed to the author, would stand out as being the source of such satisfactions. They are very briefly delineated in the following paragraphs.

1. The state hospitals, which started as "asylums" have truly become a part of the whole spectrum of the treatment of mental illness in Oregon. They have become not only hospitals but "medical centers" where patients go for treatment, for insight, and for that support which will allow them to be in their own home environments. The superintendents and their staffs in the state hospital were leaders in promoting the return to the community of seriously ill mental patients. Probably more significant than anything else was the period of time that Dr. Maxwell Jones from England spent at the Oregon State Hospital in Salem. He, though a controversial figure in many respects, got across certain points of his philosophy that were necessary and useful to the physicians, particularly the psychiatrists in Oregon. He started a trend which was carefully followed by the staff at the hospital in Salem and eventually by the superintendents and staff at Eastern Oregon State Hospital in Pendleton, and the Dammasch State Hospital outside Portland. Although the state hospitals were not the sole centers of activity they nonetheless shifted from the "group of backwards" to whom patients were committed to very active participating members of the whole picture of mental health in Oregon.

2. Not only were the patients being assisted by improvements in our hospitals, but the second major change that was taking place in the whole field of psychiatry from the mid-

thirties on was a large number of psychiatrists who found themselves turning toward private practice. Psychiatry, and psychiatrists themselves had always been sort of "government medicine people." They were involved either in state hospitals or such types of institutions, or in a few private psychiatric institutions in the eastern part of the country. But in the mid-thirties the shift started toward private practice. We have commented in earlier chapters on some men in Oregon who started this trend, Dr. Josephi and Dr. Coe with their interests saw many patients on a private basis. The coming to Portland of Dr. Lawrence Selling, a neurologist and internist, nonetheless established the importance for private practice. Dr. House and Dr. D. C. Burkes became the pioneers in private practice. Dr. Henry H. Dixon, Sr., arriving in the fall of 1931 very definitely made private practice of interest. Prior to that time there were not the facilities for the hospitalization of private patients, other than the sort of "set-off" private places such as Dr. Coe had established at Morningside. But because Morningside was largely related to the Alaskan situation, private patients were not really cared for from the Portland or Oregon area. Then, the establishment of a full-time teaching staff in the psychiatric department of the medical school with Dr. George Saslow, and the training of residents, really set off an interesting development. During World War II, 1941 to 1945, many of the men in private practice volunteered either through hospital units or as individuals and left the private practice sector wide open. Only Dr. D. C. Burkes and Dr. Herman Dickel remained in the Portland area and so far as they know there were no others in private practice in Oregon during that stretch of time. After the war, beginning in 1946, there was a very rapid influx of psychiatrists. Local area men who were returning from the service, and men trained in other areas, such as the Menninger School for Psychiatry in Topeka, Kansas, came to practice in Oregon. From a total of six psychiatrists in 1947, there were over 30 by 1960, all related entirely to private practice.

3. Another event that will be remembered, and by many lamented, was the passing from the clinical scene of Morningside Hospital. Its earlier development has been noted above. It had continued uninterrupted in its relationship with the Alaskan population, and there were a variety of men involved in helping the institution. Such men as Dr. Lawrence Sererrer, Dr. John Haskins, Dr. George Keller, Dr. William Thompson, Dr. Allen Roberts, will all be remembered. In the mid-sixties, Dr. Wendell Hutchens, a man who had been extremely active in the earlier development of psychiatry in Portland, took over as medical director. He interrelated the hospital actively with the private practice of psychiatry in Oregon. Together with Dr. Charles Jones, the hospital took on a totally different personality and interrelationship with the whole medical community. Unfortunately in the late sixties it was necessary for the owners, descendants of the original Dr. Coe, to sell the entire institution to a land development corporation who had no interest in running a hospital. This was precipitated by the termination of the contract for the care of Alaska's people. This, of course, had been foreseen as soon as Alaska became a state and could take care of its own mentally ill people. With the passing of Morningside Hospital a historic institution went its way. It had been useful to the whole community, for it had shown the people of Oregon, and the whole Northwest that such a facility was practical and could be within the city limits of a large metropolitan area.

4. Another historic milestone was the coming of the full time staff and the development of better inpatient and outpatient programs for psychiatric patients at the University of Oregon Medical School. Dr. George Saslow arrived on the scene in 1957 and really established two separate programs. The first and most important, of course, was the improvement of inpatient services at the Medical School. This not only meant the development of a hospital which has been spoken of earlier but also the development of a resident training program. This expanded

the usefulness of all psychiatry in the state, and fortunately many of the residents who trained at the Medical School have settled in and improved the treatment facilities available to the State of Oregon. The other program that Dr. Saslow was so useful in establishing was in the field of expanding education in the field of psychiatry, not only to physicians themselves, not only to students within the school, but to many ancillary services such as social workers, teachers, law enforcement officers, etc. All of these have been of historic value to psychiatry in Oregon and in much of this he has been beneficially assisted by the clinical psychologist Dr. Joseph Matarazzo, who came to Oregon with Dr. Saslow.

5. The war years of the 1940's have been referred to in a variety of ways. I think in a short paragraph should be noted the contribution that Oregon psychiatrists made in this area. To the war, from Portland went the very heart of psychiatric practice. Into the Army as part of the medical school's base hospital went Dr. John Evans. He went through the battles from the north part of Africa into Italy, into France, and did not return until that base hospital and its services were terminated at the end of the war. Everyone has been told that the services rendered by Dr. Evans were exemplary. Into the Navy went Dr. Wendell Hutchens, Dr. Gearhart Haugen, Dr. Henry Dixon, and Dr. Know Finley. Each of them were in hospitals at various places. Chiefly, Dr. Hutchens was in the hospital area in Hawaii; Dr. Dixon was in Oak Knoll in the San Francisco Bay area, and then to New Guinea for an outlying hospital. Dr. Haugen was chiefly at the special Navy Hospital on the shores of Pend Orielle Lake in Idaho (known as Farragot Hospital). Others who went into the service included Dr. Tony Sterneval who after the war did not return to Portland, but settled in the Beverly Hills area. Dr. Horace Miller from Salem went into the Navy, when he returned he brought with him Dr. Dean Brooks. Both men continued to be very active in psychiatry.

6. After the 1940's, after the war closed, after the men returned, after the increased number of psychiatrists available a whole new era entered into the history of psychiatry in Oregon. It paralleled the total change in the United States. If anything, Oregon led the way, and as has been noted in many instances, its contribution has been exemplary. One could sight a large number of items but chiefly they have been sighted in this whole chapter. One of the important developments after the war was the growing need for a shift in emphasis as to how the whole mental health picture would be handled in Oregon. Finally, Governor Mark Hatfield appointed a committee to make recommendations. The committee was chaired by Dr. Herman A. Dickel, and it worked intently for a period of months and finally made its recommendations. These eventually were legislated, and there was established a Division of Mental Health under the Board of Control. Not only did this division coordinate the services on a state level, but it ably assisted the establishment of community clinics; it interrelated the medical school and the state hospitals; it brought to the whole scene of psychiatry a different integration, and it marked the development of many different programs, some of which have been noted in previous chapters. It was an important key in the history of psychiatry.

7. During the sixties, a historic event slowly appeared. It was the shift of psychiatric interests from the state hospitals, the Medical School, and a few private areas, into the community. Not only was this made possible by the private physicians, but also by a philosophy that patients should be better cared for in their most immediate vicinities. Community mental health clinics developed under the Division of Mental Health, and psychiatrists joined them as staff or consultant staff.

8. In the late sixties the most important event was the interest that insurance companies took in assisting with "emotional and mental" problems, not just the physical. Health insurance began to cover portions of psychiatric treatment and the hospitalization for psychiatric illness. This made psychiatric care accessible to many who had previously seen it as too expensive.