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OREGON STATE HOSPITAL

ADDRESS ALL COMMUNICATIONS AND MONIES TO
J. C. EVANS, M. D., SUPERINTENDENT

SALEM, OREGON
June 8, 1942

J. C. Evans, M. D., Superintendent
Oregon State Hospital
Salem, Oregon

Re. A. W. Steele

Dear Doctor Evans:

Today I noted the contents of a letter recently written by Mr. James R. Steele to the Board of Control regarding his father, A. W. Steele, who died in this hospital May 18, 1942.

In compliance with your request I, hereby, give you a summary of the facts relative to his case. Mr. Steele was admitted to the institution in August, 1924, and has been continuously confined here since that date. Throughout his hospitalization he has been a markedly paranoid individual, much of the time being actively delusional and did not have any insight and judgment. Observation throughout the years has confirmed the fact that he was chronically psychotic.

On February 26, 1942, he was transferred from Ward 31 to E because he had developed an acute cardio vascular condition with decompensating heart which caused severe shortness of breath and edema of his lower extremities. This condition was severe enough to necessitate his being in bed and for this reason he was transferred to Ward E. On the same date Dr. Bates wrote a letter to James R. Steele telling him of his father's condition and indicating that the attack might be fatal. On March 6, 1942, he was transferred to my service on Ward 29 and at this time Dr. Hill wrote a letter to James R. Steele again telling him of his father's condition. The following is a quotation of this letter:

"In checking over your father quite carefully, we find that his condition results from cardio renal disease as Dr. Bates had informed you. The bladder trouble is also caused by this and local treatment would be of no help. His heart is not fibrillating and digitalis would do no good. His chief treatment is simply bed rest and a restriction of his food and fluid intake.

He has been transferred to another ward where he now has a low bed with a back rest so the danger

of falling is much less. Dr. Smith is now attending him and he has improved. His breathing is much easier since he has been staying in bed a little better. Yesterday he was reading a book and wanted to get up very badly. His legs are still swollen, but this will probably take some time to clear up.

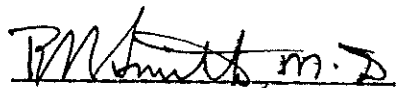
As you doubtless know, it is quite a problem to convince Mr. Steele that he really needs rest as he is quite convinced that he can take a few tablets and start as much activity as he ordinarily has undertaken. We will continue to do as much as we can to relieve his condition, but his outlook is not at all good as there has been irreparable damage to his heart and kidneys as a result of the wear and tear of many years of life."

As soon as I received Mr. Steele I saw that he had a head rest so that he could be in a partially reclining position to enable him to breathe better, and I placed him on a heart stimulant and limited his fluid intake since his legs were very edematous. There was some accumulation of fluid in the abdominal cavity, and marked shortness of breath was present. It was obvious from his condition that he had a marked decompensation of his heart, but he was fairly comfortable and did not seem to be in pain. He spent his days reading novels.

After a few weeks we allowed him to sit up a part of each day near the bed because he requested it although rest in bed at all times was indicated, but it was felt that this exertion would not be particularly detrimental. He continued on medication at all times, and I, or some other physician, saw him daily. The attendants were instructed to see to his comfort, but not to permit him to do any walking. At no time did Mr. Steele have any insight into his condition, but always insisted that he should be permitted to go about his business and that there was nothing wrong with him.

As we all know, in this type of cardiac condition there is always the likelihood of sudden death and this is what occurred on May 18th. I note in his son's letter that he felt that he had not been notified of his father's serious terminal illness, but the fact of the matter is that Mr. Steele was not any worse the day of death than he had been these prior weeks of cardiac decompensation.

Very truly yours,



R. N. Smith, M. D.
Assistant Physician.