THE UTAH STATE HOSPITAL
A STUDY IN THE CARE OF THE MENTALLY ILL

By Charles R. McKell*

The problem of mental illness is not a new one. It likely has existed as long as the human race, but recognition of, and provisions for, it have varied with time place and people. In Utah we started out with a small group of Pioneers in 1847, whose religious convictions seemed to overshadow almost everything else. The practice of medicine was thought by some to be in "direct contrariety to the revealed will of Heaven." The church and its priesthood was paramount; President Brigham Young, on October 24, 1855, actually preached a sermon in the Tabernacle on the subject of "Let the Doctors Alone." It is surprising that there were any doctors at all in early Utah, for judging from occasional comments and news items in the *Deseret News*, the doctors found little acceptance and turned to other pursuits.[1] The following, under "Doctors and Lawyers in Deseret," May 27, 1857, seems to indicate very little respect for the practice of medicine:

> After the departure of the company that went with the Governor there were only two lawyers and two or three doctors left in the city. Both of the lawyers have been steadily at work, and all of the doctors have been following some useful employment, aside from their profession, but one, and we are sorry to state that he has not been seen, to our knowledge, with either ax, hoe, pick, shovel or spade in his hand for a long time, though he seems to be busy every day.

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[1]See Joseph R. Morrell, "Medicine of the Pioneer Period in Utah," *Utah Historical Quarterly, XXIII* (April, 1955), 127-44.

One might wish that the pioneers had brought with them some of the then current humanitarian ideas, as well as their religious convictions. The first state hospital already had been in operation since 1751. Eight state mental hospitals had sprung up during the first quarter of the nineteenth century, and by the time the Saints emigrated to Utah, there were institutions already established in at least thirteen other states. Dorothea Lynde Dix had been campaigning quite effectively for more adequate and appropriate facilities since 1841, but there is little trace of such progressive ideas in early Utah.

The evolution of public responsibility for the care of the indigent mentally ill was gradual, but it is likely that the process locally was shortened by the accumulated experience of older states. In early Utah, the ill and defective were the concern first of the immediate family only, one's "own folks." It is doubtful if any concerted attempt was made toward institutional care for defectives as a public responsibility before 1869. Society was simply formed around small primary groups, and the problem seemed neither so large nor so urgent as it does today. As society became a little more complex and interwoven, the condition of one member affected not only the immediate family but the neighbors and the larger group as well, so that it became a community problem.

Specific evidence as to what actually was done with the mentally ill in these early days has been difficult to find, but several references to the subject have been located in the first record book kept by the public officials of Utah County; the minutes therein show that on May 2, 1854, one individual "was sold to the lowest bidder." In Salt Lake County, too, there is evidence that pressure and demand forced better provisions, and that the care of the mentally ill gradually was recognized as a community problem.

As the larger units of society became involved, the cities and counties began to take a more active interest in the problem of public facilities. This was demonstrated locally in 1869 by the fact that Salt Lake City, then a struggling community of only about 12,000 people, led out in the establishment of the first mental hospital in the state. It is true that the Salt Lake City Council considered the "propriety of having a Territorial, County or City hospital erected," but it is significant that the city adminis-

tration assumed the leadership and proceeded with the project when the territory and county either were unable or unwilling to act on the suggestion.

It is significant that the institution was established the same year that the railroad became a reality. It may have been true that in earlier days the pioneers were a sturdy, healthy lot and there was very little insanity to worry about. The journey by foot or ox team most likely prevented, or at least deterred, many defectives from coming to Utah, but, as transportation became available, and as the population increased by birth and migration, it was realized there were some defectives who should be cared for by society, the first organized unit of which was the city. The financial burden of adequate hospitalization was too heavy for most cities to bear, however. Then, too, the number in any given community, except Salt Lake, was too small to justify the erection and maintenance of a local institution. In other localities of the territory it became the responsibility of the county to provide for those unable to care for themselves, but early records indicate that the mentally ill were grouped in with the poor, infirm and vagrant, as was common practice at the time.

As the people grew in social consciousness, they began to realize that the ill and maladjusted not only were a liability to the family, the community, and the county, but to society as a whole. The next step was for this common social problem to be tackled by the larger unit, the state. This stage was reached in 1880 while Utah was still a territory. The process was gradual, of course, from one concept to another. We find the territory contributing to Salt Lake City's first efforts in this field, even though it did not accept full responsibility as, perhaps, was first suggested. We find the counties, other than Salt Lake, at first paying the entire cost of care, then one-half was assumed by the state, and finally, in 1888, the state recognized and accepted the entire burden of the indigent mentally ill.

The process of evolution from family, to city, to county, to state did not stop at that level. Dorothea Lynde Dix almost succeeded in having the indigent insane made "wards of the nation" as early as 1848. The federal government long since has taken an active and objective interest in the problem, as witnessed by the many Veterans Administration hospitals across the country, and the formation of various national organizations for

mental health. As the concept of responsibility has changed, so, too, has the understanding of mental illness. With this understanding has come the growing recognition that as there are many types of mental illness, so also are there many causes. As these causes have become better understood, more appropriate care and treatment has been provided to alleviate and cure. Where there were once mere custodial asylums, there are now modern mental hospitals. This study is an attempt to trace a part of this evolution as it has been, and is being, manifested in our institutional provision for the mentally ill in Utah.

As previously noted, the earliest-known mention of a public hospital in Utah is found in the minutes of the Salt Lake City Council, July 12, 1869, and while the territorial legislature cooperated to the extent of $5,000.00, the project primarily was left for Salt Lake City as a municipal venture. When the city council was faced with the selection of a site for the institution, they reacted in keeping with the prevalent concepts of the insane being hopeless, violent and dangerous, and selected the old quarantine grounds as a very appropriate location. This area, near the mouth of Emigration Canyon, was a day's travel from the city in those ox-team days, but its isolation was partly the reason for its selection.

The choice of the site, near what is now St. Mary's of the Wasatch, apparently was made on August 18, 1869, and work immediately was begun on construction, as inferred from the fact that the city council that day discussed and finally approved "an ordinance to establish a City Insane Asylum and Hospital." Many of the details of this ordinance are of interest as the first public document on the provisions for the care and treatment of either physical or mental illness in Utah. It was "established as a place for the use and treatment of the sick, also for the treatment and safekeeping of insane or idiotic persons." Theodore McKean, a member of the city council and former sheriff, was appointed superintendent, and Jeter Clinton was shown as physician for the institution as early as March 1, 1870.

The reports made to the city council usually were not too informative, but one such, made in September, 1872, "recommended that strong cells be erected for turbulent insane persons." Another, in October, 1874, gives some insight into the size of the institution

and also the facilities, which were thought to be appropriate at the time:

> Theodore McKean, Esq., Superintendent of Asylum and Hospital introduced his Quarterly Report ending Sept. 30, 1874, setting forth that four patients had been discharged and one died during the quarter, that there were at the expiration of the quarter ten patients, viz 3 males and 7 females and that the expenses for that period were $1571.18. The Superintendent recommended that for the purpose of securing unruly patients, a building be erected 15 feet by 30 and 12 feet in height; to be planked up with plank 2 x 8 inches spiked together to contain a hall; that the building be divided into three cells and placed on a rock foundation with a small rock basement or one story room to contain an ordinary stove to convey heat through registers in each cell. [It is rather ironical that the] Motion was referred to the Committee on Improvements with instructions to have a suitable building constructed as soon as possible.

In spite of the establishment of the Salt Lake City institution, the territory was still concerned with its responsibility. Governor George L. Woods, in his message to the legislative assembly, January 9, 1872, said bluntly:

> We ought to have an asylum for the insane. Humanity requires it. There is no public institution where these poor unfortunates can be kept. I should fail to do my duty were I to omit to urge you to take such steps immediately as will meet this great public want. In this connection permit me to suggest that the building erected by the Government of the United States for a state house at the town of Fillmore in the County of Millard now that the Capitol of the Territory has been established at Salt Lake City is no value to the Government and I am of the opinion that upon proper representation being made, it could be had for the purpose of converting it into an asylum for the insane. The building is a good one, the

> location is excellent and the necessity is great. I hope you may take the necessary action in the premises.

Governor George W. Emery likewise called the problem to the attention of the legislative assembly of the territory on January 11, 1876, in these words:

> We need a Territorial Asylum for the insane, which will afford this class of unfortunate people proper treatment, at the public expense unless they are possessed of sufficient means to defray the necessary charges attending their care. Such an institution is indispensible in every State and Territory and should be under the control of a skillful physician, who has had experience in treating this class of patients. Humanity and wise government, alike, seem to require of us such a provision, and I suggest some action be taken by you looking to the establishment of such an institution even if it be on a limited scale, though adequate to the present wants of our people.

Judging from the brief reports of the Salt Lake City hospital, it was not too successful financially, and consideration was given several times to its subsidization by the territory and to its disposal otherwise by rental or sale. In March, 1876, according to the council records, the matter was "left with the Mayor to make such arrangements as in his judgment would best carry out the wishes of the Council in discontinuing the Asylum and Hospital as a city institution."

This particular stage in the evolution of the care of the mentally ill in Utah is rather interesting in that there seems to have been a temporary plateau, or even a decline, in the chart of progress, from one unit of society to an ever increasingly larger group. Salt Lake City apparently had initiated a plan that it was unable or unwilling to continue, and the larger units, the separate counties and the territorial government, hardly seemed prepared to recognize and accept their full responsibility. Salt Lake City, however, did not immediately withdraw entirely from its initial venture of providing institutional care for the mentally ill of the area.

Dr. Seymour B. Young[2] apparently made a proposal to take over the Salt Lake City institution in March and again in April, 1876. The proposition was considered favorably by the city council and their minutes of May 2, 1876, read:

> The special committee on Asylum and Hospital to whom was referred the communication of Dr. S. B. Young proposing to purchase the Asylum, reported that in their judgment it would be inexpedient to sell at present, but recommended that the buildings and grounds be rented to Dr. Young for one or two years from May 1, 1876, on the following conditions, viz: that he put the fences in good repair and keep them good during the whole term of the lease, and substitute live trees for the dead ones at his own expense and in addition pay a monthly rent of twenty dollars; and at the expiration of the term deliver up the premises in good condition. On motion of Councilor Calder the report was accepted and the recommendations of the Committee adopted.

The records of the asylum, under Dr. Young's management, do not seem to be available, but it was finally and completely disposed of as city property after three and one-half years of this arrangement. It apparently became the privately owned and operated asylum of Dr. Young in November, 1879, upon payment of $5,000.00, "provided that he take the entire charge of the city patient, Mrs. Meyers, and keep her without any expense whatever to the corporation."

The asylum was located on 160 acres of land at about Twenty-fourth East and Ninth South. It was sometimes referred to as the "White House on the Hill," and was said to be a "marvel for its cleanliness and for the super medical attention each patient received." Some descriptions were not so compli-

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[2]Dr. Young was born in Kirtland, Ohio, October 3, 1837. He was the son of Joseph Young, and brother of the Mormon leader, Brigham Young. He drove an ox team across the plains to Utah in 1850, and participated in much of the early development of the territory. He attended the University of Deseret, now the University of Utah, and later received his medical degree from the College of Physicians and Surgeons of New York City in 1874. Dr. Young returned to Utah, engaged in private practice for a few years, and served as city physician of Salt Lake City from 1875 to 1886.

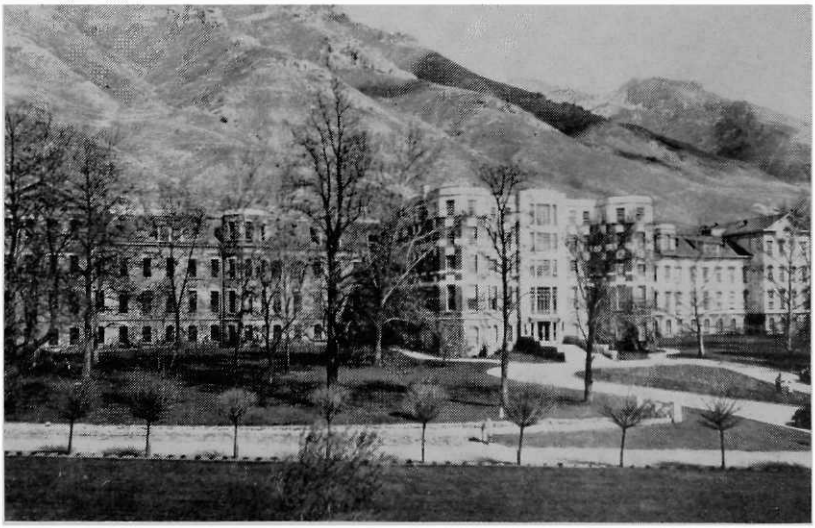
mentary, but whatever the institution may have been, it likely satisfied the expectations and concepts of the time. From contemporary records it would seem that the insane were bargained off and that "care and treatment" apparently was not even expected to include medical attention, let alone psychiatric care. People still did not expect much of medicine, nor did they have too much respect for the medical profession, judging from this entry of November 3, 1877, in the records of the Salt Lake County Court:

> The subject of keeping the Insane patients on the County was again called up and the following motion was presented by R. Miller and unanimously adopted: "I move that we let Doc Young have the insane patients, provided he will care for them properly at the rate of 85 cents per day averaging the whole lot, or $25.50 per month. And if we should need his services as Doctor, that we will so notify him, and tell him what we want.

We get some description of Dr. Young's asylum from a report of a grand jury made in November, 1884, as shown in *The Salt Lake Tribune,* November 22, 1884:

> Twenty nine inmates of which 15 are men and 14 women, at different stages of insanity, are here confined for treatment, some at the expense of relatives and friends and others at the expense of the county. It must be admitted that everything was found in as good condition as circumstances would allow, and as possibly could be expected. The location of the Asylum is very desirable and healthy, being situated at the foot of the Wasatch Mountains and having a commanding view of Salt Lake Valley, the lake and distant mountains. It is surrounded by a fine orchard and gardens. The interior of the two-story building was found to be in a very satisfactory condition. The patients were clean and well provided with clothing and bedding. The food was good and seemed to be sufficiently distributed, to judge from the healthy appearance of all patients.

TERRITORIAL INSANE ASYLUM



UTAH STATE HOSPITAL

The grand jury seemed a little critical of the asylum having one helpless paralysis case, but otherwise their official report was rather favorable, even though the asylum later was described as "a den fit for wild beasts" and "one of the vilest institutions of the kind," when the new territorial institution at Provo was opened in July, 1885.

The Utah territorial legislature, in February, 1880, made the first formal provision for a "Territorial Asylum for the Insane." Again we see a reflection of the concepts of the time in their opinion "That the territory should provide a suitable place for the safe-keeping of insane persons, and also provide for their care and comfort as far as possible."

Prior to the legislation of 1880, the only related statute on the Utah territorial law books was the simple provision of 1876 that "Every person guilty of any unnecessarily harsh, cruel or unkind treatment of, or any neglect of duty towards any idiot, lunatic or insane person is guilty of a misdemeanor." This early provision is interesting in that it reflected the then current concept that treatment might "necessarily" have to be strict or harsh, but the term "unnecessarily" has never been deleted. The law still stands as above,[3] but it is doubtful that anyone has ever been prosecuted for its violation.

The act "to establish a Territorial Insane Asylum" seemed to recognize the insistent demand for more adequate provision for the mentally ill. The board of directors was given the choice of Salt Lake, Utah, Davis or Weber counties for the location of the asylum, but they were directed to make the selection "solely upon the grounds of healthfulness, adaptability to the purposes of the institution, cost of material for construction and convenience of access from the different portions of the Territory." It was further provided that plans and specifications should "be upon the basis of accommodating, not exceeding 250 patients at any one time." The act was approved February 20, 1880, and carried an appropriation of $25,000.00 for a beginning. The board of directors met for the first time on March 17, 1880; Robert T. Burton was elected president; Warren H. Dusenberry, vice-president; John R. Winder, secretary; and Lewis S. Hills, treas-

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[3]See *Utah Code Annotated 1953,* Sec. 76-32-1.

urer. These officers, along with William R. Smith, William W. Burton and James Dunn, members, met with Governor Eli H. Murray several times during the next few months. Visits were made to the four counties specified, but the board was delayed in making a final decision by the fact that the territorial warrants were not immediately redeemable "without extensive discounting." On August 4, 1881, according to their first official report, a very rare and interesting document,

> The Board selected as the site for said Institution a tract of land lying one and a quarter (1¼) miles due east from the Court House in Provo City, in Utah County, and proceeded to purchase the grounds so selected. The board was aided in such purchase by a donation therefore of $2,000 by Utah County Court, and $500 by Provo City Council. The site chosen for the Asylum is upon an elevated position at the east of Provo City, being immediately at the head of its principal street, affording good facilities for drainage and ventilation and is remote from noisy trades and manufactories without being intersected with public roads or thoroughfares, has excellent water facilities, having a spring of ample supply, with an elevation of 530 feet, furnishing about 1000 gallons per hour, the water conducted most of the way from the spring to the building through pipes laid for that purpose; besides having a large canal flowing about forty feet above, and near the site of the building.
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> Forty acres of land have been purchased for the sum of $1801.10, most of which is of excellent quality for agriculture and horticulture, the remainder pleasantly situated for ornamental grounds. . . .

In this report, the board showed considerable insight in suggesting a more or less complete future plan; the report of Dr. Benedict, included therein, also is very interesting and informative. In his capacity as advisor to the board, Dr. Benedict visited similar institutions in the East and tried to select the best features of each for the proposed plan in Utah. He recommended "buildings of a medium size to accommodate not more than 200 patients

. . . and that these be located in different parts of the state as the necessity for further accommodation may arise." Dr. Benedict stressed the importance of personnel in terms which will bear repeating even now:

> The welfare and safety of the patients in an institution of this kind does not depend so much upon the strength of the building as upon the use and employment of intelligent nurses. Upon these depend the welfare of the patients, and the good order of the asylum. They must be selected with care and tenure of office should be during good behavior. Experience in this line is important, and all institutions of this kind retain, as far as possible, their well trained attendants.

The first two parcels of land were paid for, and the first survey and excavations were approved, on August 13, 1881, according to old records at the institution. The selection of the present site may have been influenced a little by several factors, including politics, but the board took its responsibility seriously. Certainly the Provo site was centrally located, and it had several other features which were thought to be essential for an asylum at the time.

Strange as it now may seem, the present hospital location apparently was selected partially because of its isolation. In 1881 there were few, if any, houses beyond Fifth East in Provo, and much of the surrounding area was swampland defying human trespass. This makes us appreciate all the more a comment in the Salt Lake City *Daily Tribune,* January 30, 1886, after the first legislative junket trip was made to the asylum. The distinguished party, accompanied by Governor Murray, members of the Utah Commission, and others, was met at the station by the town band. After the usual flowery greetings, "The Mayor then announced that ample conveyances had been provided to take all to the asylum, and thither they would proceed at once. He further said that there was one mud-hole on the route, which we discovered extended all the distance."

The present lovely Memorial Park on Eighth East was, at the time, the city trash dump for garbage, and an asylum was thought of, in a sense, as but another kind of dumping ground reserved for

human wreckage. The intervening years, however, have brought many changes; the swamp has been drained, the trash heap turned into a park, and both the institution and the town have extended until they touch, with no gross line of demarcation where one leaves off and the other begins. Even more significant are the changes in attitudes both within the institution and in the minds of the public.

What is now known as the south wing was the first building constructed, but the original $25,000.00 was supplemented in 1882, with $20,000.00 and in 1884, with $51,697.48 more, before the first unit was completed and ready for use. In the meantime it appears that the already institutionalized insane continued to be cared for at Dr. Seymour B. Young's asylum in Salt Lake City, until July, 1885, when that institution was apparently discontinued after fifteen years of service.

The original provision of 1880, whereby the separate counties were to be responsible for full support of the indigent insane, was modified by an act of the legislature, February 27, 1884, even before the institution was opened:

> Until otherwise provided for by law, the Board of Directors are hereby authorized and empowered to establish and fix the rate per week or month for the care and keeping of patients within the Asylum, which rates shall not exceed the actual cost, and if such patients have not sufficient means to pay for their care and keeping, one-half of the deficiency shall be paid by the Territory and the other half by the County from which said patients come.

In 1888, however, the counties were relieved of even this partial distribution of the burden of support, and the territory assumed full financial responsibility for indigent insane, as is common practice in most other states.

The Utah Territorial Insane Asylum was officially opened with appropriate ceremonies on July 15, 1885.[4] The first patients were received at the new institution on the twentieth of July.

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[4]A full account of the ceremonies, with a description of the building, was published in *The Daily Tribune*, July 15, 1885.

Complete information is not now available, but early hospital records show that fifteen patients were transferred from Dr. Young's asylum in one day, and others came later as that institution yielded to the trend toward state care.

The first official report of the institution, for the year 1885, had this to say:

> The Legislative Assembly of 1880 provided for the erection of the asylum, and made an appropriation intended to be as a foundation for a home for the insane. Prior to that time, and until the opening of the asylum, a number of our unfortunate fellow beings, suffering from that most terrible human maladies, mental derange ment, were cared for in places unfit for human beings, and were destitute of comforts and remedial treatment, and were only restrained from doing actual violence to those about them. All citizens cognizant of the condition of these unfortunates looked forward with pleasure to the completion of this institution. . . .
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> The building has been modeled on a scale of philanthropy worthy of a great and good people, and commensurate with the wealth and population of the Territory; embraces all the improvements, conveniences and appointments of a modern asylum, so far as completed, requisite to promote restoration to those bereft of reason, whose recovery may be hoped for; and to extend comfort and happiness, so far as possible, to those whose mental alienation is irremedial and hopeless.

Later on, the report presented a little less cheerful picture, with the statement that "of the cases at present in the Asylum, there are not more than 10% that can be looked upon as hopeful of final cure." Twenty per cent of the patients were said to belong to "that class called 'wet and dirty,' both day and night." And the superintendent further reported that "articles of furnishing that we are in need of are McIntosh blankets for the 'wet and dirty' to protect their beds and bedding, and cribs for the use of those patients whom it is impossible to keep in their beds at night."

The cribs mentioned were devices for purposes of mechanical restraint usually referred to as "Utica cribs," since they were first introduced in America at the Utica State Asylum in New York about 1845. They were shaped like an ordinary baby's crib, except for the hinged top, like that on a trunk, which could be fastened over the patient at night, thus restricting his movement and supposedly enforcing continued rest as a therapeutic measure. Eventually it came to be recognized that such devices were not conducive to either sleep or conservation of energy, and their use was abandoned in favor of hydrotherapy and sedatives, or other restraints supposedly more humane and effective, but we are certain that this form of restraint was used at the Provo institution, for even though all traces of the crib itself have long since disappeared, we still have, in 1955, a patient at the institution whose postural abnormality is reported to have resulted from long periods of restraint in such a crib many, many years ago.

The asylum population grew to ninety patients by the end of 1887, and overcrowding apparently was a problem from the very beginning. Directors James Dunn and A. D. Holdaway wrote their impressions after their visit to the institution August 14, 1887: "Visited the Asylum this day and find all in fairly fine condition. Some of the patients suffer from the heat; they are too crowded; want and need more room. It is a wonder the health of the inmates is so good under all the circumstances, so many huddled together in so small a space. Must have more room as soon as possible."

Another entry, by a member of the visiting committee made on January 29, 1889, is worthy of repetition and might well be given present consideration. George Sutherland, that eminent jurist who later became a justice of the United States Supreme Court, handed down this opinion in his own handwriting while a member of the board of directors of the institution: "Considering the greatly overcrowded condition of the asylum, everything is in a most excellent condition. More room is sadly needed. To refuse it in the future is to be guilty of grossly criminal neglect on the part of those having the power to provide for it."

Consideration was given in 1888 to the possibility of purchasing Fort Cameron as a Sub-Territorial Insane Asylum, but the House amendment to the general appropriations bill was

withdrawn, and no further mention of the proposal has been found in legislative records. More recent proposals for expansion have been made in similar crises: In July, 1927, the suggestion was made that the state take over the old Murdock Academy at Beaver for custodial patients; in 1946, the state considered taking over the then recently deactivated U. S. government hospital at Brigham City, but it was finally realized that merely moving would not entirely solve the problem of overcrowding, since it is mainly one of appropriations and support. Buildings are almost a negligible part of the total expenditures of any such institution over any reasonably long period of time. Brick, mortar, steel and stone do not make an adequate institution. It takes personnel, policies, maintenance, and finances, along with progressive attitudes and concepts. But in these respects we have noted signs of progress during the hospital's brief but interesting history.

The first actual expansion of facilities came in 1890, when the north wing was completed, thus doubling the patient capacity. The central administration, or the front and center, part of the main building was built a year later. The next addition to the institution came soon after the turn of the century in the form of two small buildings, now known as Wards 9 and 10. These cottages, both single ward, one-story units, intended for about thirty patients each, were apparently a venture into the cottage plan for housing patients; certainly they were radical departures from the original four-storied units. The Hardy Building, built in 1908, with two stories, seems to have been, perhaps, a compromise between the two plans. The next two buildings, in 1922 and 1932, however, were larger, with six wards each and of three-story design.

It should be expected that facilities reflect the styles and standards of their periods, and this can be seen very definitely in both architecture and arrangement throughout the institution. The first buildings had an equal combination of single rooms and small dormitories, but the most recent addition to bed capacity, the Dunn Building, completed in 1932, has only six individual rooms in each ward; a large, open dormitory bedroom, intended for 44 patients each, is found in each of the six wards. Undoubtedly much of the construction at the institution has been influenced

more by financial restrictions than by standards of adequacy, appropriateness and efficiency.[5]

Apparently, the concepts of the treatability of mental illness have varied from one extreme to another. The pessimism expressed in the institution's first report changed to one of real optimism. Dr. Hardy's annual report for 1897 suggests a feeling of competence and confidence in this regard: "And it may be fitting at this juncture to suggest that our State Asylum is prepared to adopt a new per cent of recoveries and discharges; our percentage of discharges being brought up to 59, making our recovery rates 25% at least above the average in like institutions in the U. S."

This type of boasting would have seemed much more appropriate fifty years earlier when the "Cult of Curability" was in its heydey. The theoretical race to excel in statistical recoveries ended, however, when Dr. William Awl of the Ohio State Lunatic Asylum at Columbus earned the sobriquet, "Dr. Cure-Awl," in 1843, for finally reporting 100% recoveries. After this period of extremes, most institutions settled back for more practical and realistic, though less dramatic, evaluations of results. There was, however, a later variation again toward an unhealthy pessimism, as expressed by the statement from the hospital's 1926 report that of 778 patients in the institution, only 64 were classed as favorable and expected to recover, 128 were classed as doubtful and 586 others, including 130 feeble-minded, were thought to be hopeless in regards to possibility of recovery. This discouraging attitude was further expressed in the statement from the same report that "not to exceed 100 of the above need anything but custodial care."

In a retrospective glance over the seventy years of the hospital's history, there also can be noted considerable change in the concept and use of mechanical restraint. It seems strange that restraint would have to be "abolished" so many times if it ever really had been abolished. Actually a "strong room" of four steel jail cells was built into the main building as late as 1932. It is thought-provoking that in the recent expose of mental hospital care

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[5]The need of, and plea for, a master plan seems to have been recognized; at least, a long-range plan has been drawn up, and the construction of both the nurses' home and the medical-surgical building during the past five years reflects considerable foresight in their location, style, adequacy and appropriateness.

throughout the country it was stated that "We plan better for captive tigers." It seems uncomplimentary to Utah that this statement was taken from Dr. Samuel Hamilton's report of his 1937 survey of this hospital. The statement, however, was taken out of context, and originally was made in reference to the criminally insane only, who were then kept in the four steel cells previously mentioned. Dr. Hamilton made the statement in this context: "It is usually necessary in any institution caring for insane criminals to have a small, very strong section for a few desperate men. The unhappy feature in this institution is that the little handful of men in this ward may never get out of doors from one year's end to the next. We plan better for captive tigers." It is a pleasure to report that the jail cells were removed in May, 1950, in keeping with the change in attitudes and concepts at the hospital.

Another example of the change is that concerning the now outmoded criminal procedures of shackles and restraints. September, 1936, seems rather late in psychiatric history for an eighteen-pound "Oregon Boot" to be used in a mental hospital, but one supposedly was purchased at that time for an especially difficult individual. The writer knows personally that the "boot" was ineffective in spite of its weight and handicap since, on one occasion, its wearer got as far as Magna, Utah, before he was apprehended with the large, steel, collar-like affair still intact and in place on his ankle. Happily, the device has not been used since that time except as a museum piece for teaching purposes. It is unfortunate that someone also did not save a Utica crib, a so-called tranquilizer and some of the other emblems of misguided attitudes. Perhaps the trials and errors of the past should make us more concerned about not adding further contributions to such a museum of horrors.

The first volume of the minutes of the governing boards of the institution is not available, but three large subsequent records indicate that over the years there have been a great many changes in the structure, function and policies of the organization. Many landmarks in the history of psychiatry, as well as the history of the hospital, are recorded therein, and much of the information for this article was taken from these official volumes.

The members of the various governing boards have taken an active part in the religious, political, social, and economic

life of the state, and several have attained national prominence. Among these were Clarence E. Allen, who was elected Representative to Congress in 1895; George Sutherland, who served as Representative, Senator, and later as justice of the United States Supreme Court; Reed Smoot, an apostle of the L. D. S. Church, and Senator from 1903 to 1932; George H. Dern, who became Secretary of War in President Roosevelt's Cabinet in 1933; as well as nearly every governor of the territory and state of Utah from 1880 to 1933, and many other locally prominent and important people too numerous to mention individually.[6]

The first governing boards of the hospital consisted of the governor and six members appointed for overlapping terms of four years, but in 1890 a change to seven members, appointed for two-year terms, was made, and the governor was relieved of responsibility as a member of the board. When Utah finally was recognized as a state in 1896, the name of the institution accordingly was changed to the Utah State Insane Asylum. The board of directors was replaced by a political governing board of Insane Asylum Commissioners composed of three elective officials, the governor, state auditor and state treasurer. They accepted Dr. Pike's resignation and appointed Dr. Milton H. Hardy superintendent.

In an effort to avoid the adverse connotation of words, as well as to reflect what was believed to be a well-deserved improvement in the institution, the name was changed in 1903 to the Utah State Mental Hospital. The designation of the governing board was changed to the State Board of Insanity, but it apparently remained as politically dominated as ever.

In order to keep our bearings in psychiatric history, it might be wise to remind the reader that the early years of the present century were extraordinarily productive of reform movements. Prevention, both educationally and eugenically, became the keynote of the twentieth century. Locally, the signs were not so markedly noticeable, but we do find that agitation for eugenical sterilization began at about this time and continued until permissive legislation was finally passed in 1925. We note, too, that in 1909 the legislature enlarged the objectives of the hospital

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[6]A complete roster of all boards and officers can be found in the author's original thesis.

to provide for a separate department for the admission of feeble-minded and non-insane epileptics. The hospital conducted a separate department for the mentally deficient from that date until its function gradually was taken over by the State Training School after its establishment in 1931.

It was hoped that the hospital would be entirely relieved of the care of the feeble-minded who had been admitted over the years when there was no other institution to meet their needs. It is reported, however, that only twenty-nine patients were transferred at the time, and the institution still has the residuals of this group in custodial care in two wards of the hospital. This is not surprising in view of the somewhat justifiable attitude of the Training School officials in preferring to work with the younger, more teachable children in preference to those already institutionalized and greatly handicapped by age, convulsive disorders and other physical limitations. About one hundred patients could and perhaps should be cared for at the State Training School when and if needed custodial facilities become available there.

With the change in state administration in 1905, Dr. David H. Calder replaced Dr. Hardy as superintendent. Dr. Calder was replaced by Dr. George E. Hyde in 1916, who served until his death in 1922, when Dr. Frederick Dunn became superintendent.

In examining some of the older statistical reports, one is not only surprised at the low per capita costs, but is shocked at the concurrent attitudes manifested toward them. In 1897, for instance, the report of the governor of Utah to the Second Legislative Assembly stated:

> The average daily cash cost of each patient for care and treatment for the year was 32 cents, a reduction from the cost of the preceding year of about 6 cents per capita, and the lowest figure yet reached in the history of the asylum. This gratifying result may be ascribed to several causes: Increased number of patients treated, reductions in salaries of officers, etc. . . .

It is a cause of wonder if cutting the per capita costs would produce, then or now, "gratifying results" when measured by progressive treatment standards. This attitude would seem to be a little like patients being auctioned off to the lowest bidder

as recorded in 1854, but it was not restricted to politicians or lay people. Even the superintendent did a little false economy bragging in his report for 1898, when he indicated: "We have employed more workers and yet reduced the salary amount over previous years." Personnel is, and always has been, one of the greatest problems of the institution, but, as indicated, there has been too much of this parsimonious attitude of considering not how well but how cheaply the job could be done.

The industrialization of Utah Valley has contributed to the hospital's personnel problems and has forced some adjustments and concessions in this regard. In order to augment and supplement the limited personnel during the period of World War II, the institution accepted the volunteered help of a small unit of Civilian Public Service boys, otherwise known as conscientious objectors. Other heroic measures were attempted; faithful employees worked overtime and double shifts, and all but the most urgent and necessary activity was suspended for lack of sufficient personnel. The state, in crises like these, has been forced to raise its salary standards somewhat in order to attract and hold qualified people, but still further recognition must be given to the matter if the state meets its full responsibility to both patients and employees.

The so-called economy policy of seeing how little one could spend at the hospital developed and continued because the public allowed, if not expected, it. Certainly the attitude is responsible for the relatively slow progress in raising standards at the institution; as late as 1918 the administration expected to be complimented for holding the daily per capita costs at fifty cents per patient per day and bragged that "This rate is probably the lowest of all like institutions in the United States, and the taxpayers of Utah can, therefore, be assured the strictest economy has been practiced." This would suggest a perverted sort of pride, and we are sure that such an attitude would not result in real economy, even when measured in terms of dollars and cents, to say nothing of human values. Such attitudes, however, have marked far too much of our past and kept the hospital from the progressive leadership it should have assumed in mental health from the very beginning. Such concepts were not limited to any particular group or period; they, in one form or another, have con-

tinued much longer than one would expect, and they still persist in some quarters today.

The name of the institution officially was changed again, for the fourth time, in 1927, to the Utah State Hospital, the designation by which it is, or should be, known at the present time. It is not certain that the new name embodied any better concept of the institution's function than the previous one, but it does reflect the desire to avoid the emotionally tinged connotations of even the word "mental."

In 1933 the hospital's administration was given over to a board of trustees; Dr. Garland H. Pace was named superintendent, with Dr. Jesse J. Weight assistant physician. The nonpartisan board of trustees was composed of seven members appointed for overlapping terms of seven years each. This system was similar to the board of directors at the institution's inception but, for the first time, provision was made for having at least two women and two medical men as members of the governing body. The original members, appointed by Governor Henry H. Blood to take office July 1, 1933, were as follows: John R. Llewellyn, M. D.; E. A. Britsch; William R. Calderwood, M. D.; John E. Jones; William H. Boyle; Francis G. Callahan, and Mattie Wattis Harris. These members were all reappointed as their terms expired, and the board, with the exception of two members, remained the same until dissolved in 1941. Mrs. Callahan resigned in 1938, and was replaced by Mae Huntington, and Dr. H. L. Marshall replaced Dr. Llewellyn when he resigned in 1939.

The board of trustees, unpaid, except for travelling expenses, took its responsibilities seriously, as is shown by the fact that membership at monthly meetings during the eight-year period of its administration was 85% for the group as a whole, several members having nearly 100% attendance. This administration, under the energetic leadership of Dr. Pace, the hospital's first trained psychiatrist, initiated and accomplished much in improving standards of care and treatment.

Certainly there was need for modernizing its facilities. As a reminder of conditions, we quote from the hospital's biennial report, 1932; in his request for improvements, Dr. Dunn said:

> The old hospital building was built in the time of the tallow candle and coal oil lamp. No provision was made for electric lights. The wiring in the old building consists of a main line down the main halls. There are no lights whatever in the rooms and dormitories. It is necessary for the night attendants to use flashlights or lanterns to perform their duties. Fancy, if you can, a modern nervous and mental hospital being operated at night by flashlights.

And this, you must remember, was in 1932! Since that time considerable remodeling, of course, has been done. Lights have been installed, the facilities rearranged and improved, fireproof ramps have been provided, sixty thousand feet of asphalt tile have been laid, both the interiors and exteriors have been brightened with new paint, and many other improvements have been made.

The main or central building, perhaps, has been most completly remodeled. The old towers, reminiscent of what someone referred to as "pauper palaces and lunacy cathedrals" made an imposing front. They characterized the period during the seventies and eighties when more attention was paid to useless external ornamentation than to suitable interiors and utility in general. These were removed, and five floors were made where four had been in the administration part of the building. The turrets are gone, but no one, except possibly the pigeons and bats, seems to have missed them; in their place we see simple dignity and utility, if not a style just as artistic.

Many of the anticipated changes have failed to materialize or to develop as intended. The "roof garden" on the central building, for instance, is still just a roof; the recreational area, leveled and cleared at the rear of the Dunn Building for a playground for attendants and patients in 1934, has given way to the coalyard and the greenhouse. The earlier lack of a long-range plan and the triumph of economy and necessity over ideals and desires is but here again manifested. However, some of the improvements, material and otherwise, did come to fruition and stand as monuments to the vision and efforts of this administration. Refrigeration units were constructed; the kitchen was enlarged and modernized; water supplies were further developed;

medical, diagnostic and treatment facilities were provided; new therapies were instituted, and many land and building improvement projects accomplished. Many other things, too numerous to mention in detail, were changed for the better under projects sponsored by the hospital but financed largely through federal participation.

In keeping with Governor Maw's reorganization program for state departments, the legislature of 1941 abolished all local public welfare institution boards and set up a three-man Public Welfare Commission to supervise all such state institutions, as well as to administer the public welfare assistance programs throughout the state. Members of the commission, at the time it took over control of the hospital in July, 1941, were David R. Trevithick, Sophus Bertelson and J. Parley White. Dr. Pace was replaced as superintendent by Dr. Owen P. Heninger, in February, 1942. Wendell Grover, A. C. Lambert, Philo T. Farnsworth and William A. Dawson since have served at various times as members of the commission, which is presently constituted with H. C. Shoemaker, chairman, Ward C. Holbrook, commissioner in charge of institutions, and Edith Garner, member.

The Public Welfare Commission assumed direction of the institution at a rather unfavorable period in the economic history of both the state and the nation. The era of World War II brought more than its share of problems to the new administration. Rationing of goods and supplies, shortage of personnel, the problem of prices, and all the restrictions incident to the period contributed to the intensity of old problems and created more new ones. In tribute to the administration, it is apparent that, in spite of such obstacles, the institution not only maintained its standards of care and treatment, in most respects, but actually made some advances during this difficult period. The last few years, however, have brought their problems too, but they have been resolutely faced and real progress has been made in meeting them. In fact, more advances have been noted during the last five years than in the several decades previous. Of course, the hospital's leadership during this period has benefited from an awakened and more informed public which is not limited to the confines of our state; it has the advantage of the newer tools and techniques of diagnosis, treatment and prevention; it has better, but deserved, support from public officials in the form of

legislation and appropriations. With all this has come a marked change in not only the form and function of the hospital, but in its very atmosphere.

The problems of overcrowding at the institution have seemed to exist from the very beginning, but they have been largely ignored until their present seriousness begs for relief. There has been a tremendous increase in the general population of Utah, but there has been no additional bed space made available at the hospital since 1932. The American Psychiatric Association's survey of the hospital in 1951 lists the capacity of the hospital at 937 beds, but hundreds more have been crowded in. The situation is acute and should be recognized. In his report to the Welfare Commission in August, 1951, the superintendent made this plea:

> The situation has reached a critical state and requires some action to avoid serious results. Since efforts to obtain proper facilities have not been fruitful, we suggest that a considerable portion of those seeking admission to the hospital be rejected and that in the future many will be discharged before they have received maximum benefits from hospitalization. We do this reluctantly because we know that such a course will result in much dissatisfaction, but we believe that such is less objectionable than to accept patients without providing adequate care and treatment.

Minute records show that the superintendent repeatedly has called attention to this situation. In April, 1955, he reported that there were 1,381 patients actually in the hospital and that "this is 444 more than the maximum of 937 recommended by the Central Inspection Board of the American Psychiatric Association." After considering several alternatives it finally was agreed "to adopt a combination policy of refusing hospitalization to the least urgent cases and with the resources available, to concentrate our efforts on those patients who are most likely to be improved and released." It also was officially decided "that a general publicizing of this problem and the hospital's intent in this regard should be undertaken," according to the minutes of the commission.

The hospital, so far, has not had to turn patients away; it does not even have a formalized waiting list, but it does have a waiting list in the sense that many people are not brought in or do not come because they know the hospital is crowded, and they realize what that involves. Many others, who might benefit from hospital treatment, are not coming because they lack confidence in the institution and will not use it except as a last resort. Certainly there already have been many "discharged before they have received maximum benefits from hospitalization," but hospital officials have had little choice in the matter. They literally have had to release those patients most likely to get along in order to make room for those which society keeps sending without bothering to first inquire whether there is room or not. But the problem of overcrowding continues; "every hospital has a certain capacity at which it may be operated most efficiently. That capacity has long since been exceeded in this institution." During the hospital's seventy years of service, 16,161 patients, at one time or another, have been cared for therein. At the present time, July 1, 1955, there are 1,351 patients actually in the hospital and another 233 under the supervision of social service on trial visit at home or in the community.

The problem of adequate provision intrinsically is bound up with concepts as to the incidence of mental illness. This has been variously argued by many people. Some especially have been inclined to minimize the amount of insanity in Utah. Dr. Franklin S. Harris in his book, *The Fruits of Mormonism,* [7] attempted to show statistically that there was not only less mental illness in Utah than on the average in the United States, but that "the Mormon portion of the population has a lower rate of insanity than the other portion." Dr. Arthur L. Beeley considered the problem at about the same time and came to more reasonable conclusions. With Dr. Beeley and others, the author believes that hospital admissions are as much a measure of the state of public opinion on the subject and the inadequate facilities of the State Hospital as they are of the actual facts of insanity in the state.

Utah does seem to have a lower first admission and resident patient hospitalization rate than most other states, but such sta-

[7]New York, Macmillian Co., 1925.

tistics deal only with recognized, hospitalized cases; we have been inclined to overlook those still in the community and not subject to count. Dr. Hamilton, in his survey of the hospital, indicated that Utah at that time was providing for only 57% of its expected mentally ill quota. According to the standards of the National Mental Health Act, 1946, Utah at present is providing for only about a third as many as the standards of such act deem advisable. No one definitely knows how many mentally ill there are in the state. There is no universally accepted definition or standard of measurement, but it is quite likely that the professional study and survey now in process in eleven western states will not reveal any great or favorable difference in this respect in Utah.

The cost of providing adequately for space, facilities and personnel may seem great, as indeed it is, but great as it may be, it is but a fraction of the actual total cost that Utah now is paying for its inadequate program. All of the real costs of mental illness do not show as such on the public financial ledgers; many of them go unrecognized and are erroneously charged to such supposedly unrelated accounts as unhappiness, shame, delinquency, inefficiency, etc. Early treatment always is found to be most effective in any illness, and adequate, appropriate treatment usually is found to be cheaper, in the long run, than inadequate substitutes, but Utah, as yet, only partially is converted to this axiom when it relates to mental illness.

In trying to evaluate the status of the hospital, the following statement in the superintendent's monthly report to the Welfare Commission, in October, 1951, proves impressive; in commenting on several visits made by the grand jury, he said:

> Without doubt, a report of its findings will eventually be made, but it is reasonable to assume that its members cannot have been unaware that many misguided actions and injustices have colored and continue to color the hospital record.
>
> The fact that unwholesome conditions exist at the hospital is not news. Numerous reports are on record to that effect. The perplexing feature is not that they exist, but that they are allowed to persist so long in an "enlightened" era.

> It is a mistake to center our attention on either the good or the bad to the exclusion of the other. The hospital record is neither black nor white, it is mixture of both, which results in a variable shade of gray, that on occasions is lighter or darker, depending upon the will of our citizens and the officials to whom they give responsibility.

Many of the early administrators gave similar guidelines to follow, but they were as voices crying in the wilderness. As an example, Dr. Calder, in May, 1916, just prior to his retirement, advised as follows in his biennial report:

> I have no sympathy whatever with that wretched sentiment, born of parsimony and disregard of the feelings and rights of others, which insists that the comfort, the welfare, the happiness and restoration of the insane, of any class, are to be weighed in the balance with a few hundred dollars. This state is bound in honor and duty to make the very best provision for all its wards, and the more helpless and dependent, the greater care should be exercised in provision for them. At the same time, proper economy should always be exercised in the disbursement of all money, and every dollar should be strictly accounted for. Provision should be made for those who may be committed in that manner which will best promote the welfare of the insane in every way in our power. That cannot be done when the individual is placed in a position which injures his self-respect or is entirely at variance with all his previous habits and education. The effort in these days seems to be to lower the standard of self-respect and make people feel their dependence. Every dictate of justice and humanity emphasizes that the sooner men in every relation of life, do as they would be done by, the better will mankind be.

Fortunately, many of the things Dr. Calder hinted at have become realities; hospitalization procedures were completely modernized in 1951, but the institution still must concern itself

with the worth and dignity of the individual in respect to treatment as well as admission.

There have been some very progressive ideas, in other administrations, which failed because of lack of public acceptance and support. Dr. Hyde, in the early twenties, envisioned occupational and recreational facilities on the entire lower floor of the building constructed during his service, but as the institution grew in numbers, a premium was placed on bed space; the swimming pool was filled in to become a dormitory, the beauty parlor gathered dust, and the other recreational and occupational intentions were denied for another thirty years, until a more propitious time, in March, 1952, under the present administration, when the first professionally trained occupational therapist was employed and makeshift quarters were provided on the third floor in the main building. Affiliate psychiatric training for student nurses has been a reality since the completion of the nurses' home in October, 1950, but recommendations for this mutually profitable educational plan were made as early as 1927. It is unfortunate, however, that even now very few of the twenty-five wards meet all the standards for teaching and training in psychiatric nursing.

If Dr. Dunn's ideas for a medical-surgical unit had been carried out in 1930, those facilities would have been available for the last twenty-five years. As it turned out, the hospital was allowed to remain an asylum for lack of understanding and support, and only now have modern, up-to-date medical-surgical facilities been provided.

Many other changes, too numerous to mention, have occurred at the hospital since the writing of the author's original thesis in 1948. Although the present limitations of time and space do not permit a full review of the more current years, it might prove interesting to mention a few of the milestones of progress, even though it appears but a listing of subject matter by title only: Patients today are beginning to plan for and participate in patient self-government; they have organized and are producing their own monthly publication, *The Lodestar*. They also are being invited to community activities such as the circus, the carnival, plays and programs during their treatment and more and more are being accepted back into society after their hospitalization. The community is interested, and the processes of

communication and education work both ways through such programs as the Grey Ladies and Men of the American Red Cross, who extend and supplement the limited services of the hospital. The Volunteer program, which allows and encourages interested citizens to serve and participate, has been of tremendous mutual benefit to the community and the hospital. The public is becoming informed and active through service clubs, the Women's Legislative Council, medical society auxiliaries, and other organizations. Schools and churches are manifesting a healthy interest and participation in the total mental health program of which the hospital is an integral part. The staff is conscious of the concept of team work and is sharing and participating in the various functions of education, training, treatment, research and prevention. The institution has actively participated in such advances as the Psychiatric Aide Achievement Award program for the past four years, and, by orientation and training programs for ward personnel, is raising the standards of care and treatment. The position of clinical director, it is hoped, will soon be filled, along with an enlarged professional staff to make better use of the limited facilities already available. Treatment concepts have been broadened to include the latest advances in medication, psychotherapy, surgery, etc. Medical records are being improved, and a punch-card system is being coded for the seventy-year accumulation of clinical charts. The minimum standards of the American Psychiatric Association already are being met in regards to psychology and social service, and other departments are being augmented and improved as rapidly as personnel is available. The physical plant for heating, supplies and services is being modernized, and indications everywhere point to accelerated progress.

It is hoped that this positive trend will continue because much yet remains to be accomplished. The hospital, in spite of its progress during recent years, does not yet conform to all of the requirements for approval by the American Psychiatric Association, nor to all the elements of "the good mental hospital" each person likely would desire if he thought of it in terms of a close friend or loved one ever needing care and treatment. Definite minimum standards have been suggested for both personnel and facilities; several surveys already have been made, but many of their implications and recommendations have been largely

ignored. Surveys accomplish little if their reports are merely shelved and allowed to gather the dust of apathy.

There may have been some excuse for the neglect of past years when society knew no better, but future generations will not be so generous in their evaluation of the present unless advantage is taken of the psychiatric knowledge now readily available concerning prevention and treatment. Even now, there are no simple panaceas; some types of illness still are not fully understood, but it is encouraging that phychiatric horizons and frontiers are being greatly extended and developed.

Many people in the past, and, regretfully, still a few today, have been unable to see the problem of mental illness from the point of view of those involved; dollar signs obstruct our view of the unfortunate patient who remains obscured by financial ledgers. It would be unfair to blame or make a "scapegoat" out of any official who was the victim of such attitudes. It should be recognized that each of the hospital's superintendents has made some contribution to the growth and improvement of the institution; each administration has labored under handicaps and difficulties and has been able to move only at the tempo at which the public of Utah has been willing and able to move. Each administrator has functioned well within limitations of his time; each has made good use of the available facilities and resources sometimes hesitatingly provided him by an uninformed public. But attitudes are changing; education and interest is replacing the ignorance and apathy of the past, and future administrators, both in the hospital and on a higher level, must realize that where much is given, much will be expected. The public is becoming interested and informed, and mental health is at last being recognized as of vital concern.

It repeatedly has been noted that as concepts have changed, so, too, have policies and emphasis. As there has been a significant change in nomenclature from "asylum" to "hospital," so, too, there has been a transformation in fact as well as name. The institution has progressed from a custodial asylum, intended only to protect the public, to an active treatment center for the benefit of the patient. The process is, of course, by no means complete, nor has this advancement been uniform or consistent in all respects. The graphic chart of progress seldom is without some temporary declines and fluctuations, in spite of showing

a gradual upward trend when viewed as a whole; this, also, is true of the hospital.

The Utah State Hospital has been and still is both the best and the poorest mental hospital in Utah according to the attitude one takes in the evaluation, since it is the only civilian facility available to the people of our state for long-term care and treatment of psychiatric problems. It is what it is, regardless of what we call it, as a result of what the past has made it, but its development in the years to come will depend upon what we expect and demand and are willing to pay for. Its aims, policies and practices cannot far outstep the public, nor can they lag far behind. The history of the Utah State Hospital is still in the making.