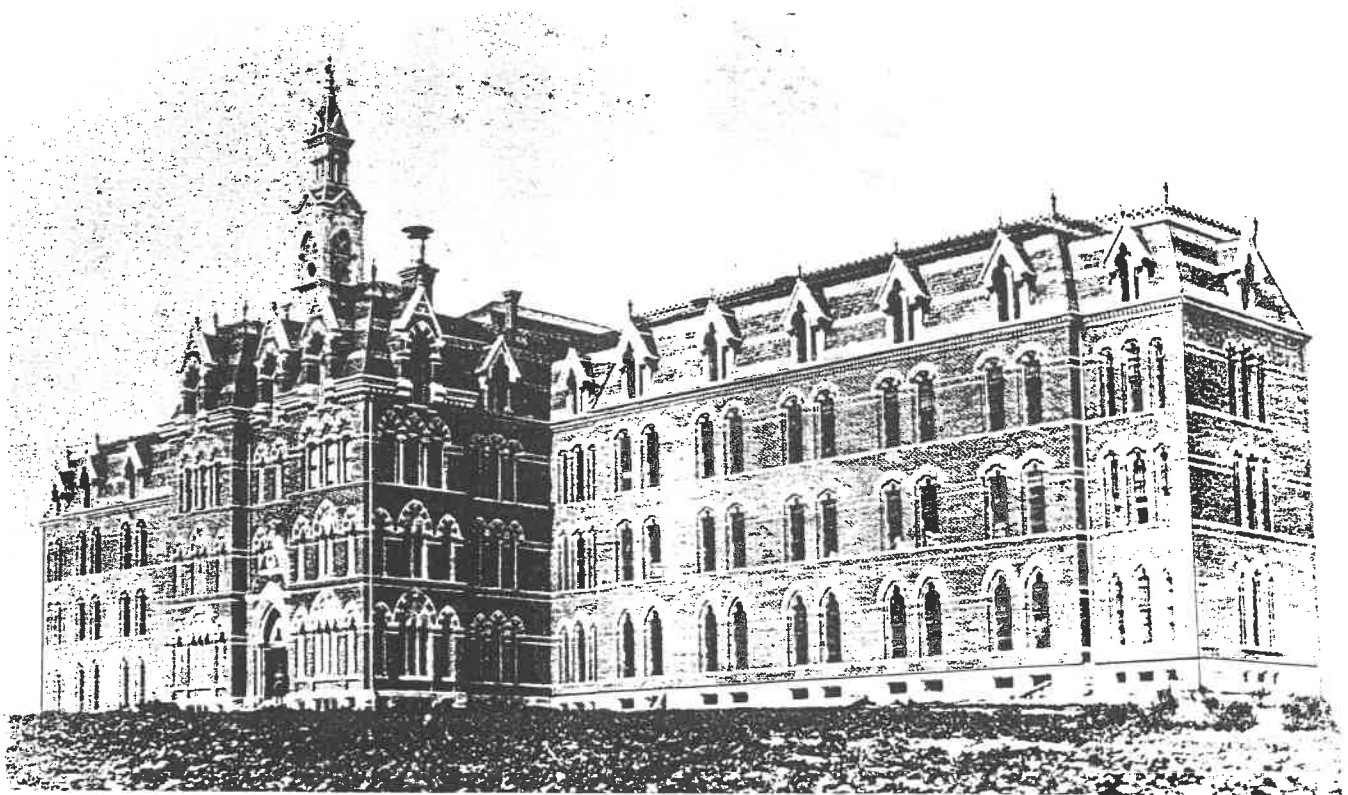


ST. JOSEPH STATE HOSPITAL

1874 – 1997



".....from a mere name, bare walls, untenanted and unfinished halls, into a systematically arranged operating institution, prepared to take its position in the benign firmament with its sister associates, and to be consecrated for all time to the noble work of reviving hope in the human heart, and dispelling the portentous clouds that envelope and penetrate the intellects of minds diseased."

George C. Catlett, M.D.

ST. JOSEPH STATE HOSPITAL

A REVIEW OF THE PERIOD BETWEEN 1874 AND 1997

This document is prepared on the occasion of the opening of Northwest Missouri Psychiatric Rehabilitation Center as a new facility replacing St. Joseph State Hospital. It is being deposited in a buried vault, along with other artifacts, with the hope that it may be a source of some historical value to you, our descendants, in describing the state of psychiatric treatment in this community during the late nineteenth and most of the twentieth centuries.

Time Capsule Committee:

George Glore, Chairman; Mary Jo Bryson; Ed Currier; Ken West; Calvin Carson; Myrna Hopkins; Dave Farrar; Scott Clark; Harold Jones; Glenn Ballantine; Ron Dittmore
Superintendent.

May, 1997.

CONTENTS

- I Mission statements.
- II Administrative rosters.
- III A century of progress (1874 - 1974).
- IV Update addenda:
 - Treatment departments and programs.
 - Support services.
 - Paradigm shifting: the Rehabilitation model and the new philosophy.
- V Epilogue.

I MISSION STATEMENTS

MISSION OF THE FACILITY - 1874

"....from a mere name, bare walls, untenanted and unfinished halls, into a systematically arranged operating institution, prepared to take its position in the benign firmament with its sister associates, and be consecrated for all time to the noble work of reviving hope in the human heart, and dispelling the portentous clouds that envelope and penetrate the intellects of minds diseased."

George C. Catlett, M.D., Superintendent, at the dedication of State Lunatic Asylum No. 2 (November 1874).

MISSION OF THE FACILITY - 1997

"To assist people who have long-term psychiatric disabilities to acquire and use the skills necessary to be successful and satisfied, with the least amount of ongoing professional intervention, in the community environment of choice."

Mission statement developed by hospital management and staff in accord with conversion to a psychiatric rehabilitation model (1994).

II ADMINISTRATIVE ROSTERS

1874-1997

ST. JOSEPH STATE HOSPITAL SUPERINTENDENTS

George Catlett, M.D. 1874
R.E. Smith, M.D. 1886
C.R. Woodson, M.D. 1890
William Kuhn, M.D. 1907
F.R. Patterson, M.D. 1909
A.C. Pettijohn, M.D. 1910
George Thompson, M.D. 1914
E.H. Bullock, M.D. 1916
Porter Williams, M.D. 1917
A.C. Vickery, M.D. 1922
G. Ard, M.D. (Acting) 1922
D.D. Campbell, M.D. 1922
Porter Williams, M.D. 1923
J.H. Parker, M.D. 1925
M.P. Overholser, M.D. 1927
George, Johns, M.D. 1930
Frank Grogan, M.D. 1933
J. Bunch, M.D. (Acting) 1934
M. Mullinax, M.D. 1935
Ralf Hanks, M.D. 1938

J.R. Bunch, M.D. 1940
 Orr Mullinax, M.D. 1941
 B.F. Smith, M.D. 1942
 F.A. Carmichael, M.D. 1943
 Paul Schrader, M.D. 1943
 Orr Mullinax, M.D. 1945
 G. Forman, M.D. (Acting) 1946
 D.P. Johnson, M.D. 1947
 Orr Mullinax, M.D. 1949
 Manson Pettit, M.D. 1960
 Liam O'Brien, M.D. 1966
 Nicholas Bartulica, M.D. 1977
 R. Lewis, R.N. (Acting) 1984
 Hildreth Hultine, R.N. 1984
 S. Valera, M.D. (Acting) 1989
 J. Turner, M.S. (Acting) 1989
 Joe Simanek, J.D., M.P.H. 1989
 W. Craig, Ph.D. (Interim) 1992
 Ron Dittmore, Ed. D. 1992

ASSISTANT SUPERINTENDENTS,
 ADMINISTRATION
 (BUSINESS MANAGERS)

Lewis M. Varies 1878-1889
 W.C. Meadows 1889-1893
 M.L. Spencer 1893-1899

ASSISTANT SUPERINTENDENTS
 TREATMENT

Nicholas 1966-1977
 Bartulica, M.D.
 James Leftwich, 1980-1983
 Ph.D.
 Ken West, M.A. 1990-1993

R.W. Crockett	1899-1905		
Frank Owens	1905-1907	Stanley Soliday, Ph.D.	1992-Present
Thomas R. Butz	1907-1909	Sandra Carneal, R.N.	1993-Present
George Jones	1909-1913		
J.F. Minor	1913-1917		
Lawrence Brady	1917-1919		
S.C. Wright	1919-1921		
Charles Groves	1921-1925		
G.K. Gilpin	1925-1927		
M.P. Overholser	1927-1933		
J.S. Lucas	1933-1935		
W.W. Bennett	1935-1939		
A.W. Smith	1939-1941		
Vernon Remley	1941-1945		
S.J. Shepherd	1945-1949		
Edwin McKee	1956-1963		
W. Buckner	1963-1968		
David Farrar	1968-Present		

CHIEF ENGINEERS
(DATES UNAVAILABLE)

SHOP FOREMEN
(DATES UNAVAILABLE)

Ned Pulliam

Jack Wigfield (Plumbing)

John Karlee

Eldon Sowards (Plumbing)

Milo Smith (Plumbing)

Don Davison

Clide Duley

Glenn Ballentine

Jerry Trotter (Plumbing)

Kenny Hoyt (Electrical)

Glenn Ballentine (Electrical)

Frank Galvan (Electrical)

Ralph Williams (Carpentry)

Rip Caton (Carpentry)

Bob Keller (Carpentry)

Ernie Mooney (Carpentry)

Ed Currier (Carpentry)

Harry Day (Painting)

Skeeter Cole (Painting)

Auggie Backman (Painting)

MAINTENANCE SUPERVISORS

GROUNDS

Bill Payne

Ben Wells

Bill Verbick

Jake Pattersen

REFRIGERATION

Bill Frazier

Dave Schellhorn

DIRECTORS OF NURSING

Marge Barr

Margaret Truesdale

Jewell Anderson

Pat Schumacker

Ellen Culver

Billy Rhymes

1960-61

1961-62

1961-68

1968-78

1978-81

1981-86

Marilyn Meinert	1986-87
Hilda Buckles	1987-91
Mary Jo Bryson	1991-present

MEDICAL/CLINICAL DIRECTORS

G.S. Waraich, M.D.	1956-1967
Richard K. Jacks, M.D.	1978-1985
Salvador Valera, M.D.	1986-Present

DIRECTORS OF SOCIAL WORK

Charles Pierstaff, M.S.W.	1944
Calvin C. Carson, M.S.W.	1960-1991
John Mayfield, M.S.W.	1992-1996
Patricia Bond, M.S.W.	1996-Present

DIRECTORS OF PSYCHOLOGY

Willis McCann, Ph.D.	1949-1968
Kenneth West, M.A.	1968-1990

DIRECTORS OF ACTIVITY THERAPIES (now Psychiatric Rehabilitation/Education Program)

Keith Halsey	(Dates unavailable)
Ray Kelly	(Dates unavailable)
Alan Zimmerman	(Dates unavailable)
Ron McCorkle, R.M.T.	????-1992
Richard Gibson	1994-Present

ST. JOSEPH STATE HOSPITAL ADVISORY BOARD

Officials

Chairman: Ann Signoracci, St. Joseph

Vice Chairman: Harold Thomas, St. Joseph

Secretary/Treasurer: Vernalee Carter, St. Joseph

Superintendent: Dr. Ron Dittmore, St. Joseph

DMH Director: Dr. Roy Wilson, Jefferson City

CPS Division Director: Dorn Schuffman, Jefferson City

CPS Regional Manager: Dr. Dick Gregory, Kansas City

Members

Joseph Arello, Kansas City

Father Joe Bathke, St. Joseph

Corrine Christgen, St. Joseph

Rev Harold Craig, St. Joseph

Dr. Ed Gorsky, St. Joseph

Hamilton Henderson, St. Joseph

Maurice McCarty, Savannah

Betty Moore, King City

Judge W.T. Osborne, Grant City

Benny Rainey, Albany

Robert Badsky, Smithville

Tom Carneal, Maryville

Dirck Clark, St. Joseph

Landis Downing, King City

Elaine Guenther, St. Joseph

William Hedge, St. Joseph

W.D. McMillian, Trenton

Pam Nold, Savannah

Cheryl Price, St. Joseph

Sister K. Reichert, Savannah

Robert Russell, Richmond

Dr. York Silliman, St. Joseph

Kenneth West, St. Joseph

III A CENTURY OF PROGRESS

This section was originally the published product of George Glore, the hospital's special projects director and curator of the Glore Psychiatric museum, as a document in celebration of St. Joseph State Hospital's first full century of service from 1874 to 1974.

ST. JOSEPH STATE HOSPITAL

A CENTURY OF SERVICE

STATE OF MISSOURI

CHRISTOPHER S. BOND, GOVERNOR

WILLIAM C. PHELPS, LIEUTENANT GOVERNOR

DEPARTMENT OF MENTAL HEALTH

COMMISSIONERS

GEORGE LYTTON, M.D.
MONTE C. THRODAHL
MRS. NANCY HOWARD

DIRECTOR

HAROLD P. ROBB, M.D.

COMMISSIONERS

JUDGE DON E. BURRELL
JACK STAPLETON, JR.
PHILIP R. DODGE, M.D.

ST. JOSEPH STATE HOSPITAL
St. Joseph, Missouri

LIAM O'BRIEN, M.D., SUPERINTENDENT

NICHOLAS BARTULICA, M.D., ASSISTANT SUPERINTENDENT

DAVE FARRAR, ASSISTANT SUPT./ADMINISTRATION

Herein is a brief summary of significant and interesting historical events occurring during the first 100 years of the hospital's development. Much of the information was gathered from the early Biennial Reports of the Board of Managers, the more recent Annual Reports of the Department of Mental Health, the Official Missouri State Manuals, and the History of Buchanan County.

The cover photograph was acquired through the Missouri Historical Society, Columbia, Missouri. The first photograph inside the publication was presented to the hospital by Richard Cameron, President of the Buchanan County Historical Society. All other photographs were taken from the Biennial Reports and from those on display in the hospital's museum.

*Compiled and edited by George Glore, Community Relations Coordinator
1974*

THE BOARD OF MANAGERS OF 1874

Allen H. Vories
R. L. McDonald
John C. Evans
Governor Silas Woodson
Joseph Malin, M.D.
E.H. Donelan, M.D.
Hon. James C. Roberts

OFFICERS OF THE BOARD

Allen H. Vories, President
George R.L. McDonald, Secretary
A.M. Saxton, Treasurer

HOSPITAL SUPERINTENDENTS

George C. Catlett, M.D.
R.E. Smith, M.D.
C.R. Woodson, M.D.
William F. Kuhn, M.D.

RESIDENT OFFICERS OF THE ASYLUM

C. Catlett, M.D., Superintendent
A.P. Busey, M.D. Assistant Physician
D.M. McDonald, Steward
Mrs. Laura Calhoun, Matron

DATES OF APPOINTMENT

November 9, 1874
June - 1886
August 11, 1890
July - 1907

F.R. Patterson, M.D.	July 1909
A.C. Pettijohn, M.D.	February 18, 1910
George Thompson, M.D.	June 5, 1914
E.H. Bullock, M.D.	December 18, 1916
Porter E. Williams, M.D.	September 14, 1917
A.C. Vickery, M.D.	January 1, 1922
George P. Ard, M.D. (Acting)	May 17, 1922
D.D. Campbell, M.D.	December 16, 1922
Porter E. Williams, M.D.	September 1, 1923
J.H. Parker, M.D.	April 1, 1925
M.P. Overholser, M.D.	August - 1927
George A. Johns, M.D.	May - 1930
Frank Grogan, M.D.	June 1, 1933
J.R. Bunch, M.D. (Acting)	September 30, 1934
Orr Mullinax, M.D.	February 1, 1935
Ralf Hanks, M.D.	November 15, 1938
J.R. Bunch, M.D.	September 15, 1940
Orr Mullinax, M.D.	October 11, 1941
B.F. Smith, M.D.	September 15, 1942
F.A. Carmichael, M.D.	February - 1943
Paul T. Schrader, M.D.	1943 -1944
Orr Mullinax, M.D.	1945 - 1946
George W. Forman, M.D. (Acting)	June - 1946
D.P. Johnson, M.D.	October 1, 1947
Orr Mullinax, M.D.	June 30, 1949
Manson B. Pettit, M.D.	February 1, 1960
Liam O'Brien, M.D.	September 1, 1966

Exact dates of appointments are unknown in some cases.

ST. JOSEPH STATE HOSPITAL

OPENED

NOVEMBER 9, 1874

"....from a mere name, bare walls, untenanted and unfinished halls, into a systematically arranged operating institution, prepared to take its position in the benign firmament with its sister associates, and to be consecrated for all time to the noble work of reviving hope in the human heart, and dispelling the portentous clouds that envelope and penetrate the intellects of minds diseased."

--George C. Catlett, M.D., Superintendent

Established by Act of the General Assembly of 1872, St. Joseph State Hospital opened as the State Lunatic Asylum No. 2, on November 9, 1874. The stately structure, though open for admissions, was in an unfinished condition.

By Act of the General Assembly of March 30, 1874, an appropriation of \$6,200 was made for furnishing the hospital. Additional money had been spent for a reservoir and an engine house. Gas fixtures for lighting the institution were purchased for just over \$2,000. Yet the institution was not complete.

On March 29, 1875, appropriations for improvements to the building and for additional furnishings were approved. This included tableware, toweling, surgical instruments, stairways, water tanks, blacksmith tools, and an addition to the structure. Equipment for the hospital was sparse. Only one hundred mattresses had been originally purchased. The rest needed to complete the furnishing of the dormitories were made by the seamstress and patients, assisted by a mattress maker. The filling for the mattresses was composed of moss and shucks.

The beautiful new building had 76 small rooms that were nine by twelve feet and 32 dormitories that were twelve by eighteen feet each. It was planned and arranged to accommodate 275 patients, but the administrators agreed that only 250 could be housed with any degree of comfort.

Upon opening, the institution received twenty-one patients by transfer from Fulton State Hospital, the first mental hospital in the state which had opened twenty-three years earlier. Twelve patients were committed from the Buchanan County Poor Farm.

According to the Superintendent's report to the Board of Managers, an atmosphere of kindness and gentle discipline prevailed throughout the hospital. Restraints were used, but only in severe cases of disturbed or combative patients. Sedatives and warm baths were prescribed for those who were restless or agitated.

Many activities were conducted involving patients. There were daily walks around the institution. A fence was erected around a walnut grove and the area was furnished with swings, croquet sets, and gymnastic equipment. On the wards were cards, checkers, and dominoes. Saturday evening dances were held on a regular basis and chapel services were held on Sunday afternoon, when a minister's services could be obtained.

Proper diet was considered to be necessary in the treatment of the patients. Meals were planned with breakfast being the main meal of the day. The breakfast menu usually consisted of steak, pork chops or mutton chops, potatoes, hominy, and other very substantial foods. Lunch usually included soup and dinner was bland and light with oatmeal, milk toast, apple sauce and the like.

During the first two years of operation, 293 patients were admitted to the hospital. Of

this number, 115 were discharged and 28 died. The percentage of discharges compared to admissions was very good.

An addition was made to the hospital during the first two years of operation in the form of a three story building directly east of the center of the main building and connected to the main building by a two story structure.

In the addition was a carpenter shop, a boiler room, coal rooms, and an engineers shop on the ground level. The second floor housed the laundry, soap making room, drying room and sorting rooms. The third floor housed employee sleeping rooms. The two story connecting structure included an employees' dining room, a separate officers' dining room, a vegetable preparing room and the offices of the matron and the steward. On the top floor were the sewing rooms and a clothing storeroom.

New boilers and new steam pipes were necessary shortly after the institution opened. The original system was not adequate and many of the wards were cold. With the installation of the new system, fireplaces once used in the wards were sealed off as they were considered dangerous and no longer necessary.

The original building plans did not include space for a dispensary. Finally, two basement rooms under the superintendent's office were fitted for the purpose of storing and dispensing medicines.

Early construction included a two story barn 50 x 100 feet which included sleeping quarters for a dairyman and hostler. There were cattle stalls, horse stalls, feed bins and corn cribs. An ice house was built and the walls were insulated with sawdust. Ice for the hospital was cut and hauled from the Missouri River and stored in the new ice house. The pumphouse, located near the cistern and four wells, also served as the blacksmith shop.

A poultry house was soon constructed with odds and ends of lumber left from other construction, a slaughter house was built surrounded by hog and cattle pens, and a conservatory (greenhouse) was added onto the south side of the engine room. The conservatory was heated by the admission of hot air directly from the engine room. A pond had been constructed but was of insufficient size to adequately supply ice and water. Additional money was requested in 1878 for enlargement of the pond.

An early problem for the administrators was the inadequate ventilation system. The water closets (toilets) had no windows or ventilating system, so the air within the institution was often stagnant and unhealthy.

The stairways to all floors were located in the center part of the building and were so arranged that in the event of fire, they might act as a flue or chimney making it impossible for those on the upper floors to escape. Early requests for appropriations for stairways went unheeded.

The hospital population continued to grow, many changes were taking place,

improvements were being made and the few dedicated employees were going about the business of caring for those committed until January 25, 1879. On this date the hospital was totally destroyed by fire leaving 217 patients shivering in the cold without bed or shelter.

The following account of the fire was taken from the St. Joseph Gazette, Sunday Morning, January 26, 1879.

"A GREAT CALAMITY"

"STATE LUNATIC ASYLUM NO. 2 DESTROYED BY FIRE"

"At about one' o'clock yesterday afternoon a courier on horseback dashed down Frederick Avenue at a terrific speed, and galloping to the hook and ladder house on Francis Street, between Fifth and Sixth, gave notice that State Lunatic Asylum No. 2 was on fire. Word was at once sent by telephone to Chief McNutt, at Hall and Kingsbury's book bindery on Felix Street, between Fourth and Fifth, and he at once ordered the entire department to prepare for immediate service. The hook and ladder truck already equipped, was at once manned and started for the scene drawn by a strong team, and Capt. McNutt hastened to the engine house on Edmond Street between Market Square and the river, where he met Mayor Piner. It was the chief's intention at first to attach six horses to each of the steamers and make all possible speed to the scene of the conflagration, but this idea was abandoned after a consultation, the bad condition of the roads rendering it impossible to draw the engine over them to the institution in time to save the building. The news spread like wildfire throughout the city, and in half an hour after the arrival of the courier, the streets were filled with people and the wildest excitement prevailed in town.

A light breeze blew from the northeast and seemed freighted with nothing but rumors concerning the disaster. These rumors only intensified the panic in town, and as they floated about the city they were exaggerated until one might readily have believed that an appalling holocaust would be the result.

THRILLING SCENES WITNESSED DURING FIRE

THE FINE STRUCTURE A MASS OF SMOULDERING RUINS

Then, as the firemen dashed over the streets, their horses foaming and panting, with blood flowing from their nostrils, those in the vicinity of the avenue who had not heard the rumors were attracted to the thoroughfare, and the sidewalks were lined with excited people, among whom all sorts of stories circulated and the panic was thereby increased. Women ran to and fro, wringing their hands, weeping and lamenting the awful fate of the unfortunates who were supposed to be perishing in the flames. Occasionally a wild man, a maniac or one mad with excitement was met fleeing, terror-stricken, hatless and shoeless, warning all that he met to turn away from the Sodom and Gomorrah.

The fire was first discovered, Mr. Waters said, about twelve o'clock. Some of the employees in the east wing of the building smelled smoke, and on investigation found that the framework in the drying room connected with the laundry, was on fire. The employees worked energetically for about an hour, endeavoring to extinguish the fire, but it gained such headway that this work was finally abandoned and under the direction of Dr. Catlett, the whole force was united in an effort to rescue the inmates. This proved to be Herculean task, for many of them were afflicted with the most violent type of insanity, and stubbornly refused to be removed. They were seized, however, tenderly but firmly, and dragged from the burning building. Many became alarmed and fled of their own accord, and some of them escaped and are still at large, but the latest information dispels the belief, current early in the evening, that large numbers were at large. Mr. Waters further stated that a number of Babcock fire extinguishers were brought into use, but were not in good working order, and proved to be of a little service....."

(The full account of the fire from this paper is on display in the hospital's museum.)

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About two-thirds of the patients, including all those classified as violent or dangerous, were provided with quarters in the Buchanan County Courthouse and in the St. Joseph City Hospital. Nineteen patients were returned to the County Poor Farm where they had resided before admission to the hospital. Many of the manageable and quiet patients were returned to their respective counties and home.

On April 23, 1879, an act was passed by the General Assembly, providing for the rebuilding of the hospital. Ten days later, a frame structure 104 x 27 feet was erected just east of the original building site. Sixty-five male patients were quartered there. At the same time, a large brick farmhouse adjoining the grounds was rented to house fifty-five female patients until the Asylum could be rebuilt.

In the quarters hastily constructed and fitted up, the patients were comfortably provided for during the spring, summer, fall and winter following; a period of eleven months.

The new building, opened April 1, 1880, surpassed in every essential requisite, the former building. It was restored for \$75,000 as three quarters of the original walls and the foundation remained intact and was usable. The new building was so arranged to accommodate one-third more patients.

The wings of the building were three stories high, exclusive of the basement, and the center section stood four stories. An addition to the wings was made at both the north and the south ends. These additions included rooms, large halls, and wide iron stairways, which afforded easy entrance and exit to and from each wing and floor.

In attics of the additions were 5,000 gallon reservoirs. These were filled with water which was piped to each hall for fire protection. There were 155 double and single

rooms for patients in the wings. The center section was made up of 26 rooms for offices and living quarters for employees. In the basement were 23 apartments. The east end of the building included the boiler room, engine house, ten rooms for employees, the chapel and amusement room.

The temporary frame building which had housed the men during reconstruction was converted into a laundry and carpenter shop.

Many needs were realized after the building opened and requests were made for money for additional staff, a gym, bowling alleys, billiard tables, music instruments, paving supplies for walks and basements, lightening rods, surgical instruments, a coal house, an enlarged ice house and enlarged pond. Soon after, followed requests for money to defray the costs of pipe to connect to the city water line. Funding was provided and the projects was completed before 1885.

Expenditures for refurbishing the institution under a special appropriation were as follows:

Clothing	\$ 354.49	
Furniture	1,029.34	
Kitchen Utensils	127.01	
Medical Supplies	26.85	(Under Medical Supplies,
Sundries	4,484.42	\$3.70 was spent for whiskey
Provisions	1,175.83	for medicinal purposes)
TOTAL	\$ 7,198.04	

Many costs were defrayed by the continued operation of the farms throughout the reconstruction period. Meat and poultry were produced and vegetables and fruits were canned and preserved for use.

Dr. Catlett was concerned about the constant overcrowding of the institution. Under his direction, provisions were made for the completion of the fourth floor of the center section to house twenty female patients. Approximately fifteen males were housed in a frame structure on the grounds but still this was not enough to relieve the crowded conditions.

In 1880, the county court took action to provide for some of the indigent population classed as "incurably insane" and in 1881, opened the Buchanan County Insane Asylum. That facility accommodated 150 patients but this still did not alleviate the overcrowding appreciably within the hospital.

Dr. Catlett persisted with his requests for funds to add on to both the north and south ends of the building and on March 1, 1886, his dream of enlarging the hospital became a reality. Four new sections were completed at a cost of \$98,000. (This completed the Center Building except for the Northernmost section which was added in 1905.)

These new additions increased the capacity of the hospital from 250 to 550. This expansion and the increased admission rate created a need for a new laundry and ice house. Iron stairways for fire escapes were added on the east side of the new additions. Food services had to be expanded. Tunnels, which could be used to transport food through to the dining rooms in the wings of the building, were constructed.

Dr. Catlett, who had worked so hard to gain improvements and who had strived to see the hospital grow into what he believed was finally an ideal and most efficient institution, died May 31, 1886, just three months after his long sought after goal had been reached.

Dr. R.E. Smith was appointed by the Board of Managers to succeed Dr. Catlett. Under Dr. Smith's direction, many physical changes were made throughout the hospital.

A new boiler room was provided, complete with a convenient coal department. The old boilers were removed from beneath the chapel and five new furnaces were added to fire the boilers.

The water closets were removed from the ward proper to the ends and rear of the older section of the building. A new store building was erected apart from the main building. The bakery was replaced with a new and larger one. The chapel was entirely renovated and enlarged. Large fans, powered by gasoline engines, were installed in the basement to ventilate the building. Improper ventilation had been a problem since the opening of the hospital.

A local telephone system was installed which provided prompt communication with most parts of the building. This eliminated the need for speaking tubes which had been in use between some of the offices.

Another addition to the rear of the building provided living quarters for the officers and their families. A new stone and brick culvert was built over the ravine between the barnyard and the farm. In front of the hospital, a new brick culvert had to be constructed over the ravine as the spring rains had washed away the previous bridge.

An orchard of 200 cherry, apple, and other trees were planted and ornamental trees were placed along the line of the main road to the hospital. Dr. Smith requested funds for a greenhouse and for the construction of sewage lines to connect with the city sewer system.

The Pathological Laboratory was opened September 1, 1887, and Dr. F.C.Hoyt was placed in charge. This addition greatly aided in the treatment of the patients. The microscope proved a valuable aid in the diagnosis of tuberculosis. Urinalysis and other laboratory procedures were now routine.

Dr. Charles R. Woodson, appointed Superintendent in 1890, believed there was a need for hospital wards for the isolation of the sick, especially needed should an epidemic

occur. He requested money to construct a detached ward building in 1891.

In 1893, the Detached Hospital Building (now known as Progress Hall) was opened. It had four wards and was ready to house 120 persons.

The first patients to be transferred to the new building were the victims of an outbreak of typhoid fever. Several cases occurred before the cause was discovered. Upon investigation, the officials unearthed a blind tunnel where much filth, seeping water, and sewage had collected beneath the kitchen. The tunnel was opened, cleaned and permanently ventilated. Fortunately, there were only two deaths as a result of the typhoid before it was brought under control.

Under Dr. Woodson's administration, several construction projects took place. At a cost of \$5,000, bay windows were added on the front of the center building, on the first wards to the north and south, to match those in the new additions that extended on both sides. A tunnel was built that connected the main building to the newly opened hospital. The excavating and brick laying for this project was completed by a group of patients and two hired hands.

Dr. Woodson was dissatisfied with the health problems created by the sewer pouring into the open ravine just west of the Center Building. The stench arising from the ravine was not only unpleasant for those at the hospital but also brought threats of law suits by local citizens and the city.

Acquiring a right-of-way for a sewer was most difficult. Finally, after much persistence, \$20,000 was appropriated by the legislature for building a sewer to the Missouri River. The hospital, however, did not have to pay the entire cost. The city agreed to install and maintain 2,195 feet of pipe sewer and 1,100 feet of brick sewer, with the understanding that the city would also use the same line. This represented quite a savings for the state and the hospital. At last, the sewage ceased flowing into the branch in front of the hospital.

In the spring of 1892, a windstorm took the slate roof off the Center Building and the bakery. These were replaced for a sum of \$700. During the same time period, \$3,000 was spent on painting the entire exterior of the main building.

During 1893 and 1894, several requests were made for capital improvement money and many projects were completed. A fruit cellar was built with patients supplying most of the labor. The cellar was 40 by 60 feet, two stories high and was built for \$999.89. It was to be used for the storage of fruits and vegetables for the winter.

An appropriation of \$8,000 was made for completion of the hospital building (Progress Hall). "This gives us a most excellent infirmary building and enables us to more thoroughly classify in each building by removing the sick, feeble and old from the main building, and very greatly improves the sanitary conditions of the main building enabling us to isolate in the event of contagious or infectious diseases", wrote Dr. Woodson

Under Dr. Woodson's administration, the wards were made more comfortable for the patients. The female patients' wards were furnished with cane rockers, while the wards for the men were furnished with straight chairs. The old uncomfortable wooden and iron settees were taken off the wards and placed on the porches where they could be endured for shorter periods of sitting.

Twenty-one thousand dollars was requested for purchase of 110 acres of land to the north of the hospital. Additional land was needed for farming and the hospital had not increased its acreage since the purchase of the original 120 acre plot.

Part of the proposed purchase was graded and suitably located for use as amusement and recreation grounds for patients. In the request was this statement. "Again, the present grounds are too small to properly accommodate both male and female patients without bringing them into closer proximity than they should be."

Dr. Woodson asked for an appropriation of \$10,000 to be matched by the city and county for macadamizing the road from the city limits to the east side of the hospital grounds.

Dr. Woodson wrote, "Another thing I desire to call to your attention is the miserable condition of the road leading from the Asylum to the city. All materials for the institution are brought over this road. The road has been graded and there are times when it is almost impassable. The carting of coal is rendered quite expensive by having a bad road. With a macadamized road coal would cost us 25 cents less per ton than we are now paying. Building materials and supplies could be brought at a reduced price."

"There is the strong probability that we can make the institution self-sustaining during the ensuing two years, but should there be a failure of crops or any unforeseen emergency or contingency arise, it would be necessary to have a small appropriation. For the good of the institution I think it would be better to ask for at least \$10,000. In the event it is not needed it will not be used and will be returned."

(For those two years, 1895-1896, an appropriation of \$5,000 was made for support of the institution. Of this amount, \$2,383.49 was used. The balance was returned to general revenue as promised. The money would not have been necessary, but an outbreak of hog cholera hurt the pork production - 230 head of hogs died. The hospital then had to purchase hogs, bacon, ham, and lard.)

Laws made by the 39th General Assembly prohibited county courts from sending indigent county patients into alms houses or poor houses, thereby increasing admissions to the hospital.

Action was again taken to alleviate crowding with the construction of a detached building for women. The 500,000 bricks used in the building were made on the grounds of the institution with clay removed from a mound or elevation near the main drive. Much of the lumber used in the building was cut from the newly purchased 100

acre tract to the north.

A total of 26,000 feet of lumber was cut from the timber, as well as hundreds of cords of wood used in the brick making. Five hundred cords of wood were cut and sold to the public. With the building materials on hand, the locally manufactured brick, and patient laborers involved, the expenditure for the entire project was only \$1,880.

January of 1897, was the date of another request for an electric power plant and light fixtures totaling \$10,000. The day halls of the hospital had been lighted with gas fixtures since the opening of the building. There were no lights in the dormitories as the gas fixtures were considered too dangerous. There were both suicidal and homicidal patients who might attempt to tamper with the fixtures at night. When the nurses or attendants checked the dormitories at night, they had to carry kerosene lanterns with them. This was a dangerous procedure.

The water closets and toilets were not lighted making it necessary to provide chamber pots in the dormitories. Sanitary conditions would have been better had the toilets been usable at night.

The power plant was started in January of 1898, and through combined labor efforts of patients and employees, the plant was erected for \$7,500. This included two 80 horsepower engines, two G.E. 50 kilowatt dynamos, wiring, and 2,000 sixteen candle power, 3.5 watt lamps throughout the institution.

A female infirmary was built in 1897. (This building eventually became the west section of the Detached Unit for women.) With the completion of the infirmary for women, the detached building east of the Administration Building became a male infirmary. (Progress Hall) The building east of Progress Hall, which had been built approximately two years earlier, continued to function as a dormitory for working men.

A bath house and barber shop was also built between 1897 and 1900, from brick manufactured on the grounds.

A pond was constructed on the northwestern part of the grounds. The pond, one acre in size, was supplied with water from the city water works and was to do away with the necessity of hauling ice from the 102 river. The savings was estimated to be five to seven hundred dollars per year on transportation alone. The pond was also to be used in the summer for boating, bathing and swimming. The 9,000 yards of earth removed to create the pond was used in completing the new road into the main building. (Dix Drive)

During 1902 and 1903, three buildings were constructed at a cost of \$30,000. One was the New Building which stood directly south of the Detached Unit for women. This building faced west and was attached to the four story Infirmary by an over-the-street walkway. The final addition to the north wing of the Center Building was added at this time. The three upper floors housed male patients and the basement was a dining room. A third building was constructed for infirmed men. The building was built to

house approximately 100 patients. (This is now the O'Brien Building)

In the years of 1903 and 1904, the Central Station for women was constructed at a cost of \$10,000. It was called the Carey Building in honor of Judge John H. Carey, a member of the Board of Managers.

This was to be an assembly and recreation center. The eaves of the front porch were provided with a perforated pipe. In warm weather the water was turned on and flowed through the perforations representing a gentle rain. This had a calming effect on those sitting on the front porch.

Money was appropriated for tiling kitchens and dining rooms in both the north and south wings. The rear courts of the wards were also tiled. A brick smoke stack, 122 feet high with a base seven and one half feet square, was constructed. The old metal stack had deteriorated beyond use.

These two years brought many changes in the care and treatment of the patients. The following written report was taken from the biennial report.

"We are much gratified with the results obtained from the abolishment of the inside doors and locks. There are not three closed doors to single rooms or dormitories in the entire institution any night in the year. The sick and mentally ill require attention at night as well as day."

"Better and more satisfactory results are obtained from night nurses than from locks and bars. Patients have access to well lighted toilet rooms at all hours of the night. They are under the constant observation by skillful and trained nurses who administer to their wants, to quiet the disturbed, to wait upon the sick, to see that they are properly cared for in every respect, and if necessary to provide them with a midnight meal.

Since this inauguration of a large night force, difficulties and disturbances among patients is exceeding rare, as the timely appearance of the night nurse almost always prevents trouble. Patients under this system are more easily controlled, more appreciative, and better results are obtained.

We have thirty-five night nurses and maintain this force as regularly as we do the day force, and believe it is fully as important for the safety, welfare, and comfort of the inmates. The training school for nurses has done a great deal to improve the day and night forces. The substitution of reason, gentleness, kindness, of thoroughness, associated with tact and skillfulness, is much better than controlling by force.

Besides those who take the regular nurses' course, all employees are required to attend one lecture a week from September to April, inclusive. We have the largest class taking the nurses' course we have ever had, and good results are being obtained."

During 1903, the name of the institution officially changed from the "Asylum for The Insane" to State Hospital No. 2.

The construction of another Central Station (now the Sheltered Workshop building) which was erected as an assembly area and recreation center for men was probably the most significant occurrence during 1905 and 1906. At a cost of \$15,000 the building was to give ample space for exercise and recreation which the patients could not get on the overcrowded wards. It was estimated that the building could not have been constructed for less than \$35,000 were it not for the patient labor involved and the manufacture of brick used in the building. The building was named the Bigger Building, honoring C.C. Bigger, a member of the Board of Managers, but later was referred to as building No. 48. (After 1922, the building became the Hadley Building.)

At this time an appropriation of \$5,000 made possible the installation of ornamental steel ceilings in the main hall of the administration building. These ceilings replaced the very badly deteriorated plaster.

Ceramic floor tiling was laid in the Carey Building and in the Administration Building, replacing wooden floors which lacked in appearance and were unsanitary.

July 1, 1907, W.F. Kuhn was appointed to succeed Dr. Woodson who was leaving the service of the hospital to open his private sanitarium in south St. Joseph. Dr. Kuhn had previously managed State Hospital No. 4, at Farmington, for a period of approximately two years.

Under Dr. Kuhn, many operational changes took place. First, Dr. Kuhn dictated that patients should be divided into classes during meal times. The patients with the best table manners ate together and those who were untidy and lacked manners were fed in separate areas.

Exercise was stressed for all who were not bedfast. At 10 a.m. and again at 2:30 p.m. all patients were required to walk no less than one mile. Male patients were required to walk two or three miles.

Patients were encouraged to accept some type of work in the institution although not absolutely compelled to do so. Dr. Kuhn believed that more recoveries resulted from work and exercise than from any other treatment or therapy.

Entertainment was prescribed. A brass band was formed among the attendants and they were called to give concerts three times each week, outdoors if the weather permitted. A seven piece chapel orchestra provided music for chapel services. A baseball club was organized among the patients and games were scheduled every Saturday afternoon.

Changes took place in ward assignments. With much resistance and adverse "public opinion", female attendants were ordered to work on male wards. After a trial period, it

was decided that this was indeed a successful "innovation". The wards became cleaner and more tidy. The presence of female employees among the male patients also had a disciplinary effect.

At this time, the hospital owned 230 acres and rented approximately 1,000 more. However, there came a need for additional grazing and pasture land for the dairy herd. The "Lemon Farm" was rented and with it came horse and cow barns that were also badly needed.

The hospital population was increasing steadily creating needs for more ward space. The Carey Building was converted into a ward building housing ninety female patients.

In one of the out-buildings, ninety male patients were housed, many of them old and bedridden. The food for these was carried in tin buckets by other patients, for a distance of 900 feet in heat or cold, rain or snow, from the main kitchen. This condition was finally corrected by installing a kitchen and hiring a cook for the building. The patients could then receive warm meals, palatably served.

A dining room for officers and department heads was opened near the main kitchen and additional dining room help was acquired.

The hospital grounds were improved with the "jungle" in front of the main building being cleared. The frog pond was drained and replaced with a sunken garden. (This was located between Dix and McNeely Drives.)

During 1910, the wooden and ornate front porch of the Administration Building fell to decay and was replaced with a concrete floor, three story porch, and brick columns. The Bigger building, originally planned as a recreation center for men, was finally completed and would house 100 men on a ward as well as provide an area to be used as an operating room, surgical ward and hospital.

A common practice at this time was a Sunday afternoon drive through the hospital grounds for many persons in the community. The administration chose to move the patients' benches to the rear of the institution so the patients would no longer be subjected to the morbid curiosity of everyone who entered the grounds.

During this time, the hospital was staffed with four assistant physicians at salaries of \$125.00 each per month. There occurred a vacancy and rather than employ an assistant at the regular monthly rate, three recent graduates in medicine were employed as second assistants, each at \$40.00 per month. This represented a savings of \$5.00 per month and provided extra help as well.

A request was made for \$25,000 in 1910, to be used in drilling ten wells and constructing a fire line around the buildings. The report stated that water purchased from the St. Joseph Water Company was very costly, averaging \$5,000 per year. There was the complaint that the water pressure was so low that the toilets above the first floor could not be flushed unless water was carried upstairs in buckets and poured

through. Lack of sufficient pressure left the institution without fire protection.

A request was also made for \$10,000 to build a refrigeration plant as ice was still being hauled from the river, a distance of three miles.

Money was also needed to construct a new kitchen. From the report, "The present kitchen is dark, badly ventilated and constantly filled with steam and fumes that cannot be eliminated. It is built in the basement and is not exposed to sunshine or light. As clean as it can be kept, it is damp, musty, odorous and not a proper place to prepare wholesome food."

All the wooden beds and all those that were rickety or worn out were replaced with new modern hospital beds at a cost of \$5.00 each.

Many modern additions were enhancing the operation and the prestige of the hospital. An experimental laboratory was established for \$500. A morgue was completed which made it no longer necessary to send bodies to undertakers in the city for postmortem examinations. The hospital was moving ahead!

Money was appropriated and in 1911, a 300 ton silo and a cow barn were constructed. The cow barn was 36 x 160 feet and had a concrete floor. It had other very modern conveniences such as electric lights.

Hydrotherapy was coming into use in Missouri, and two units were installed in the hospital. Through the use of hydrotherapy, violent and combative patients were soothed and controlled, avoiding the use of drugs and mechanical restraints.

Dr. Pettijohn had written, "With a sincere satisfaction we announce that after four years of earnest effort, No. 2 is enrolled among those enlightened institutions known as non-restraint hospitals. Many months have passed without a patient being placed in strait jackets, tied or controlled by muffs. The restraint chair and slatted bed, long a gruesome spectacle confronting the newly arrived patients, have been destroyed, and all this has been accomplished without a corresponding increase in the use of sedative drugs."

Dr. Pettijohn continued, "We are in need of building for contagious and infectious diseases into which patients who are afflicted with contagious diseases may be separated from other patients. The need for this was demonstrated during the spring of 1910, when smallpox broke out in the institution and as there was no building that could be used for that purpose that was remote from the other buildings, some of those infected had to be sent to the City Pest House."

"To combat the presence of rodents, an official rat catcher in the person of a paroled patient is constantly on duty. With an abundant supply of traps he invaded the tunnels and runways of these cunning animals and the number of his victims swells into the thousands, and a rat has become a rarity in No. 2."

In the summer of 1910, one hundred and forty cases of tuberculosis was discovered by the Von Pirquet Method. Those cases were segregated into wards with sunny porches and available fresh air.

A poultry farm was begun in 1910, with the purchase of a few chickens. In the two or three years following, two poultry sheds were constructed and ten acres were fenced with poultry wire, accommodating several thousand chickens. Chicken and egg production was a real asset to the dietary program.

During 1912, a training school was established for attendants. Miss Helen Sinclair was selected to instruct in the four state hospitals. However, travel was most difficult leaving Miss Sinclair little time at each institution. Therefore, three of the hospitals withdrew from the program in a short time. It's not known if St. Joseph was one of those.

Many needs were made known at this time and in the next two years considerable renovation took place. Most of the changes came under the administration of Dr. A.C. Pettijohn, before his replacement in 1914.

During 1913 and 1914, appropriations included the renovation of the boiler room and the installation of six new boilers. A basement was dug under the boiler room to allow for the storage of 200 tons of coal. A basement was also dug under the engine room to allow for pumping units, hot water return tanks, oil storage, filters, and other equipment. At this time, ten sleeping rooms for boiler room employees were provided above the boiler room.

At long last, an ice house and refrigeration plant was added at a cost of \$12,000. The plant, furnished with an ammonia compressor, could supply all the crystal ice needed by the hospital. All meats, dairy products, and produce could be maintained more easily.

Also, for \$15,000 two large reservoirs, with a combined capacity of 500,000 gallons of water were constructed. A fire pump with a capacity of 1,000 gallons per minute was purchased. With four hoses available, the pump was capable of throwing water 207 feet high. The pump, although purchased primarily for fire fighting, was used daily to pump water through the house service line so the upper floors of the buildings could have water for drinking, bathing, and to flush the toilets.

Three greenhouses were erected, each 100 feet in length, to provide plants for the entire hospital. These were located in an area that is presently the front or west lawn of the park building.

A request was made to the Board of Managers that the institution be fitted with a dental office and that a dentist be appointed. Forty-five thousand dollars was requested to build a hospital building for the physically ill.

Ten thousand dollars was needed to repave Frederick Boulevard which passed through hospital property for a distance of 1,980 feet. It was hoped that with the improved street, the Street Railway Company might extend the car line to the hospital instead of terminating at 26th and Frederick. If this occurred part of the paving costs could then be charged to the Street Railway Company.

Dr. George Thompson, Superintendent, was interested in the best services possible from the medical staff. He wrote, "The real, true and successful physician, whose lot it is to treat and care for the unfortunates, has no time to devote to interests other than the welfare of the patients, and the physician who cannot give his time and energy to the betterment of the unfortunates should not be employed in a state institution. From the time the physician goes on duty in the morning until he goes off duty in the evening, his gray matter should be working for the betterment of the condition of those entrusted to his care. To do this is only to do his duty."

The years of 1915 and 1916, were difficult. Fifteen thousand dollars was appropriated for general repairs and improvements. However, only \$3,900 was expended. The balance was not available from the general revenue. The salary appropriated for a dentist was also withheld, so dental services could not be provided.

A request for \$10,000 was made for the farming operation. "In these days of 'high cost of living', the advantages of a productive farm and garden are of greater importance than ever. The value of our daily supplies of fresh vegetables of all kinds, an abundance of pure milk from a well selected dairy herd, pork for our entire 'family' of 2,000 members; corn, hay and other products of the farm, cannot be overestimated."

The administration asked that land be purchased for farming and that a dormitory for farm hands (patients) be built. This would free building No. 48, or the Bigger Building as it was better known, so that it could be used for a hospital. All previous requests for a hospital had gone unheeded.

Near the end of this biennium, on December 18, 1916, E.H. Bullock, M.D., was appointed superintendent and served until September of the following year.

The biennial report of 1917 and 1918, contained the following message from the superintendent, Dr. Porter E. Williams. "During the past two years, many difficulties had to be overcome. The high cost of living, the low rate paid for support of patients, the small appropriations for the past biennial period, shortage of help in all departments as a result of the great World War, all combined to increase the task of handling the situation as we desired. During 1918 alone, 359 changes in our employees took place. Eight assistant physicians quit the service of the institution; five of these answered the call of the government for the Army."

Requests made during this period included a new laundry, deep wells, boiler repairs, additional fire protection with a sprinkler system and once again, money was requested to building a suitable hospital.

On December 6, 1916, the hospital bought the existing water mains and fire hydrants from the St. Joseph Water Company for \$1,955.93. Ten years earlier, the mains were installed by the water company with the understanding that if the contract was not renewed at the end of ten years, the system would be sold to the hospital or removed. To replace the system would have been costly so the hospital arranged to purchase the equipment.

In the interest of better public relations, visiting, which before had only been allowed on Wednesdays and Thursdays from 2 to 4 p.m. was extended to all hours any day of the week. Dr. Williams believed this would give the public more opportunities to see how the hospital operated and to witness the care given the patients.

Because of the war, this biennium closed with a deficit of \$29,279.

St. Joseph State hospital became the largest hospital in the state in 1919, housing more patients than any other but owning the least amount of land. The total acreage owned was 232. The hospital was renting 647 acres. Dr. Williams wanted to buy more land so the hospital could be more independent. He repeated the request for a hospital and dental office.

A new laundry was opened replacing the old facility which had been in use for over forty years.

Dr. Williams suggested that consideration be given to the establishment of an Occupational Therapy Department where patients could make brooms, brushes, mattresses, and rugs for use throughout the institution. He advocated additional recreational activities such as dances, movies, baseball, croquet, tennis and music.

He said of the greenhouses, "Our greenhouses, in the charge of one of the best and most experienced florists, furnish beautiful cut and potted flowers every day in the year for all the wards, where each patient may enjoy them, and be cheered by their beauty and fragrance along the dreary path of life."

Before 1921, each institution in the state was governed by separate boards of managers. By law, in June of 1921, a State Eleemosynary Board was appointed to govern the six institutions. This included four state hospitals, one state school for the retarded, and the tuberculosis sanitarium at Mt. Vernon, Missouri.

The new hospital building was constructed at a cost of \$116,500, but was not yet open. Also, the east part of the center portion of the main building was rebuilt and enlarged. This section included a modern kitchen, dining room, bakery, and the auditorium.

January 29, 1922, the Bigger Building (later to be called the Hadley Building) was destroyed by fire making it necessary for the 204 men who had lived there to be accommodated on other wards. Fortunately, eight new concrete enclosed porches had just been finished a few weeks earlier. These porches would easily take care of 200 or more. The origin of the fire which had taken such a fine structure was never

determined.

Immediately following the fire, a new asbestos shingle roof was put on the Carey Building eliminating the danger of fire from the old roof.

A dental clinic, which for so long had been a dream, was established in 1921 to take care of the dental needs of all patients. Previously, any dental work that was absolutely necessary had to be taken care of by dentists in the community. Only the severe problems received attention.

An Occupational Therapy Department opened in 1922, and many items were made for use in the hospital. Other items were sold to the public and proceeds were used to buy additional craft materials.

Many activities were offered of a recreational nature. Calisthenics were taught and drills were given on the lawn in the summer. All patients who were able took part in the exercise program.

Victrolas were purchased for the wards and records were donated by individuals and friends of the institution. Weekly teas and musical programs were given on the wards by the Junior League of St. Joseph.

A medical library was started in 1922, and standard books on medicine, surgery and psychiatry were added. Leading journals on neurology and psychiatry were subscribed.

A school of nursing was organized under the direction of Miss Mame Dwyer, R.N. She would be in charge of the new hospital once it opened and therefore was given the duty of training attendants and nurses to work there.

At this time, hydrotherapy was expanded with two tubs on each receiving ward. Hydrotherapy was becoming very popular and proved to be a treatment of choice for disturbed and agitated patients.

Appropriations during this two year period included funds for two new hog houses, a garage for 16 cars, and a shed for ten wagons.

The Surgical Hospital opened at last on November 12, 1923. It seemed, for those who had been working so hard to acquire funds for the project, that the hospital might never become a reality. Now there would be a facility to which those in need of close medical care could be transferred.

The building was later renamed the Pannettiere Hospital in honor of Doctor A.H. Pannettiere, a staff physician from September, 1937, until he was called into the armed services during the Second World War. He was killed in action on November 23, 1942, at Guadalcanal.

The Occupational Therapy Department had expanded. The appropriation for O.T. supplies totaled \$15,000. This included cord, reed, twine, tools, hardware, lumber, paints and dyes. Also included in the budget was \$156.60 for candy that was served to the patients employed in that department. (Excellent examples of wicker type furniture made during this period in Occupational Therapy are on display in the hospital's museum.)

The Hadley Building (Bigger Building) which had burned in 1922, was being rebuilt and was to be used as an infirmary for women when completed.

J.H. Parker, M.D., was appointed Superintendent on April 1, 1925. He had transferred to St. Joseph from State Hospital No. 4, at Farmington, Missouri. The medical staff had enlarged to eight members, including the superintendent.

Among the additions listed while Dr. Parker was in office, was the beauty shop. All the equipment normally found in a beauty shop was provided with the exception of a 'permanent wave apparatus' which was deemed impractical, according to the report. The barber shop was completely remodeled and it was said to compare with barber shops found in large hotels. All the men were shaved twice weekly in the shop.

A pavilion for dancing was erected on the front lawn and a screen and projector were added so that movies could be shown outdoors in the summer. The auditorium was very hot in the summer and before the outdoor theater, movies were simply canceled in hot weather.

Dr. Parker and other members of the medical staff traveled to the famed Mayo Clinic to acquire information on the treatment of malaria. There were approximately fifteen malaria cases within the hospital to be treated.

A consulting staff was chosen for surgery. Among those were Dr. Caryl Potter and Dr. H.K. Wallace. "Missouri has not better surgeons and we are indeed fortunate in having them on our staff," wrote Dr. Parker.

A clubroom was installed for employees. It had card tables, pool tables, a radio, magazines, and comfortable chairs for leisure hours. Many employees lived on the grounds and the clubroom was for their benefit.

In 1927, the number of assistant physicians was reduced from six to four. This meant that each physician was responsible for the care of nearly 600 patients. Therefore one of the first requests at this time was for more doctors.

In the early part of this year the Fire and Safety Department was formed. It was the duty of this department to train employees in the proper use of fire fighting equipment. All employees were to be informed of what their duties would be in the event of fire. An on-going safety program was carried out with regular fire drills being conducted.

The Occupational Therapy Department was listed high in priority for appropriations.

Money was requested to enlarge the department and to maintain the State School of Occupational Therapy located at the hospital.

"Occupational therapy, a method of treatment or 'work cure' for the patients has recently attained such a prominence in state hospitals that it now takes its place with nursing, medicine and surgery as one of the important departments of medical art," wrote Dr. M.P. Overholser, Superintendent.

Among the diversionary activities provided at this time was an annual Fourth of July picnic complete with a parade of floats and a brass band. This was not a new activity within the hospital as reports of the annual event date back to the very early years of the institution.

Among the appropriations sought at this time was money to open a library for the patients. This request went unheeded until 1934, at which time the library was opened.

Racial segregation was a practice of the hospital at this time and special wards were maintained for black patients. With this report the wards were becoming very crowded with a total of 164 black patients. Money was requested to provide additional wards to alleviate the crowding.

Dr. George A. Johns was appointed Superintendent to succeed Dr. Overholser in May of 1930. Dr. Johns did not choose to make detailed written reports of this four year period. The expenses of the institution were listed in statistical form, but nothing of great significance was recorded. During this time, Dr. Frank Grogan served as Superintendent and Dr. J.R. Bunch was appointed to the post on an acting basis from September 30, 1934 until February 1, 1935.

During 1935 and 1936, an employees' dormitory was constructed to accommodate two hundred employees. The dormitory is serving as the Vocational Rehabilitation Unit at the time of this writing.

Works Progress Administration projects included a concrete slab over the attic floors of the Center Building, and other fireproofing measures were taken. Some of the ward floors needed to be replaced but because of the softness of the brick and weakness of the walls, it was considered too dangerous to lay a heavy concrete slab on every floor.

A new pedestrian tunnel was built connecting Woodson and Park Buildings, both under construction, to the hospital building.

Dr. Ralf Hanks, Superintendent, reported the following in 1937 and 1938. "Our hospital continues to enjoy the distinction of being approved by the American Medical Association for the training of residents in psychiatry and the hospital is also approved by the American College of Surgeons."

Under the Public Works Administration, and with the \$10,000 bond issue which had been voter approved in 1934 for improvement of Penal and Eleemosynary institutions,

several new buildings were constructed and many improvements were made in the hospital. The employees' dormitory which was mentioned earlier was opened. A psychiatric clinic and receiving center, known as the Woodson Building was opened. This building was named in honor of Dr. Charles R. Woodson, the third superintendent of the hospital. The building, three stories high, was planned to accommodate 182 patients.

A new infirmary building, known as the Park Building (named in honor of Governor Guy B. Park), was constructed to house 476 patients.

During 1937, and the early part of the following year, an outpatient tumor clinic was conducted at the hospital by Dr. Floyd Spencer. An x-ray and deep therapy unit had been acquired a year earlier to give treatment to cancer patients. This clinic ceased operations on May 1, 1938, at which time the Missouri State Cancer Commission took over the tumor work and opened a cancer hospital on the fourth floor of the Park Building in wards which were originally intended for and later used as wards for tubercular patients.

Many other projects were completed under the Works Progress Administration. Some of these included sidewalks around the institution, an addition to the cannery, exterior painting of the Administration Building, construction of a potato cellar, new sewers, new concrete floors in several buildings, remodeling of tunnels, addition to the bakery, addition to the laundry, installation of fire signal lights at each drive, and the building of streets.

Recommendations at this time included appropriations to establish an Outpatient Clinic and money to purchase the home occupied by the superintendent, heretofore rented or leased by the hospital. This house had been the home of Governor Silas Woodson during the latter part of the 19th Century.

One of the most significant events during the 1939-1940 biennium was the establishment of the Psychiatric Social Service Department in the hospital. Mr. Charles F. Pierstorff was hired as the Social Worker and was responsible for casework with patients and their relatives within the hospital and community.

An Outpatient clinic was established offering follow-up services to paroled and discharged patients.

With the new buildings being opened came modern facilities for hydrotherapy. This form of treatment was being fully utilized where mild stimulative or sedative therapy was indicated.

At this time, the Occupational Therapy Department was in full operation under the direction of Mrs. Helen Golden, according to the report. Dental services to the 2,630 patients was being provided by Dr. Charles W.G. Craig assisted by a Dental Intern.

From the biennial report of 1941-1942: "We have continued to use the newer forms of

Therapy Building was completed and put into use.

In 1950, an agreement was made with the University in Kansas City, under which postgraduate students started working in the hospital giving psychological tests. This was a definite asset to psychotherapy. Listed as other therapies in use at this time were electro-shock, fever therapy, group psychotherapy, and prefrontal lobotomy.

During the next year, the Buchanan Unit (20 Building) was completed and opened. This building made available 165 beds which were to be used for senile patients. Additional hydrotherapy equipment was also installed in the new building.

Work began on a new cafeteria system in the Center Building for employees and patients and in 1952, those cafeterias were opened.

Funding was requested for a new cold storage plant. The need for fire doors and additional fire escapes was made known. New roofs were installed on the Center Building, Laundry, and Medical/Surgical Building. A milking parlor and a milk processing plant were completed at the dairy farm in 1953.

The hospital made the change from direct current to alternating current at this time, realizing a great savings in power costs. Air conditioning was installed in the hospital's operating room and in the Woodson Building group therapy room.

During the mid 1950's, one of the most significant events in the history of the hospital and in the treatment of the mentally ill took place -- the advent of the tranquilizing drugs.

The use of these medications brought about marked improvements in a great many patients and enabled others to go on prolonged convalescent leaves. The need for physical or mechanical restraints, such as strait jackets, cuffs, and leather muffs occurred much less frequently. An appreciable number of discharges was soon noticed and attributed to the use of the new medications.

Traveling clinics were established to parts of Northwest Missouri, and an outpatient clinical was opened within the hospital on a 1/2 day per week basis. The goal of these clinics was to prevent hospitalization by offering treatment services to individuals during the acute or early stages of their illnesses.

Music Therapy, which had long been a part of the treatment program, became an organized department in 1954, under the direction of Mrs. Katherine Moore.

Television sets were installed on the wards in the 1950's and for a time seemed to have a calming effect on many of the patients.

About this time, the last of the metal rings, to which patients had been restrained in the past, were removed from the interior walls of some of the old buildings.

Repairs and additions included installation of a new elevator in the Park Building, flexotile on the Center Building wards, overhead heating units on the men's wards, and sidewalks were laid along Frederick Avenue.

On July 17, 1956, a new doctor joined the staff, having transferred from Fulton State Hospital. Dr. G.S. Waraich, who was to serve as the Clinical Director and who later helped to develop an intensive treatment program for alcoholics, was a pillar of the hospital and the community until his death in January of 1974. His career with the Missouri Department of Mental health had begun in August of 1939, at Nevada State Hospital.

The Mental Health Commission for the state was created August 29, 1957, by the enactment of Senate Bill No. 59, by the Sixty-Ninth General Assembly. The first commission of five members was appointed by the Governor with the advice and consent of the Senate. The commission was established to serve and to assist the Director of the Department of Mental Health in establishing the best possible operations.

The first annual hospital "open house" was held in the spring of 1957. The purpose was to try to create, within the community, a better understanding of the institution, its programs and goals. The first attempt to invite the public into the hospital was most successful with 2,000 visitors attending the event.

In October of 1957, the state retirement plan was implemented. Also, in the fall of that year, a full time Chaplaincy Department was opened.

The old DW-31 building (Staff Development Center) was remodeled and painted for use as an Occupational Therapy Building. This building provided space for craft programs and the production of a hospital newsletter took place there. The newsletter was the Show-Me-Too and John Ross was the paper's creator and editor. Mrs. Louise Sleezer was the director of Occupational Therapy.

In April of 1958, Mrs. Lydia O'Mera was hired as the director of Volunteer Services. A good beginning was made toward coordinating the work of volunteers and fitting them into the hospital program. After three months of duty, Mr. O'Mera became ill and had to resign. Mrs. Madine Buckey was then hired in the supervisory position and remained until her retirement in the spring of 1974.

At this time, the Food Service Department was operating six kitchens and three cafeterias, with many of the patients being fed in ward dining rooms. There were 53 full time food service employees and 42 patients helped with kitchen duties on a regular basis.

The weaving room provided rugs and other woven goods for use throughout the hospital for many years. Eighteen looms were being used by patients employed daily in the weaving. This industry closed in 1960, and examples of the work done are on display in the hospital's museum.

During this period, additional nurses were being hired with a greater emphasis on better patient care. Remotivation groups were started in the Infirmary, the Twenty Building, and the D.W. Building for men.

In April of 1960, a director of Social Services was hired. Mr. Calvin Carson was to supervise the program, which for several years prior to this time had been conducted by a Social Worker and two Caseworkers.

In 1960, traveling clinics were held by the hospital in Liberty and Independence Missouri. Ninety-three adults and fifty-three children were seen in the clinics during that year.

On February 1, 1960, Manson B. Pettit, M.D., became the Superintendent, filling the vacancy created with the transfer of Dr. Mullinax to Marshall State School and Hospital.

"More intensive training courses for attendants, supervisors, and nurses have made noticeable improvement in patient care and treatment", reported Dr. Pettit. "The psychiatric Aide training program began with sixty-five attendants enrolled and this first class will graduate in August of 1961."

Two full time nurses were assigned to Nursing Education and a Director of Nursing Service was hired in July of that year.

A juvenile treatment program began in 1962, directed primarily by the Psychology Department and a youth committee composed of other staff members. The program did not become fully operational until 1963.

Dr. Pettit wrote, "We realize that our entire juvenile program is in its formative stages, but we see a glimmer of hope. With the prospect of hiring more trained personnel, getting a new building for housing our juveniles, and installing our educational program, we anticipate a new era in the treatment of juveniles of the northwest part of Missouri, the area this hospital serves."

The Occupational Therapy Gift Shop sold \$1,935.92 worth of merchandise in 1961, realizing a profit of \$421.11. Patients claimed 1,706 items, and 2,714 items were used on the wards, in offices, and distributed as favors during Open House.

The recreation program was reported to be in a period of growth with full day and evening programs being offered by a staff of four. A regulation ball field was constructed, and a miniature golf course was built. The "rocking chair hospital" was rapidly beginning to change with a greater involvement of patients in various therapies and activities.

New equipment was being purchased for kitchens, offices, and wards. Four hundred of the old wooden rocking chairs were replaced with Royal Metal Topeka Psychiatric Chairs.

Capital improvement appropriations provided new toilet facilities in the Infirmary, improvements in the Power House, and the old Store Building was razed, leaving only the Scale House.

In 1963, the O.T. Building (Staff development Center) was vacated and renovated to house the hospital's juvenile program. The newly decorated structure would accommodate forty youngsters.

In February of 1964, the Community Relations Department was opened under the direction of Mrs. Hugh Miner. There was a great need, at this time, for improvement of public relations. The department continues to function in the dissemination of information regarding hospital programs and policies. The goal to create a better understanding of mental health problems and an awareness of services available through the hospital.

In 1963 and 1964, many new approaches were initiated to help the patient make the transition back into the community and to assist the family of the returning patient. The Social Service Department set up groups on the wards which included family members of patients. Family forums were also scheduled to help create a better understanding among families of mental illness.

Aftercare programs of a supportive nature were developed for former patients to help prevent re-hospitalization. Joint therapy sessions were being conducted by a social worker and a psychologist in the community for children recently discharged from the hospital. A Day Care Program was started to continue care for patients who needed only partial hospitalization. The program was designed to reduce extreme dependency on the hospital and encourage more interest in the home and community.

For the first time in its history, the hospital was fully accredited in 1966. This accreditation was awarded only after careful review by the Joint Commission on Hospital Accreditation. Certain standards in regards to patient care and hospital staffing by qualified personnel have to be met in order for the hospital to be accredited. To date, the hospital has not failed to meet the standards as set forth by the Joint Commission on Hospital Accreditation since the first year of accreditation.

Dr. Liam O'Brien was appointed Superintendent of the hospital replacing Dr. Manson B. Pettit on September 1, 1966.

Before coming to St. Joseph, Dr. O'Brien had been Clinical Director at Osawatomie State Hospital in Kansas. He earned his medical degree in Dublin, Ireland, at the Royal College of Physicians and Surgeons. He completed his residency in psychiatry in 1962, at the Menninger School of Psychiatry in Topeka, Kansas.

Under Dr. O'Brien's leadership much progress has been made and many changes have taken place within the hospital.

First and foremost, Dr. O'Brien set out to close some of the old buildings that had, over the years, become human warehouses for chronically ill patients. Many of the individuals crowded into these buildings were incontinent, some were retarded, some were combative, and most were totally institutionalized. Some of those wards had as many as 150 patients and too few aides attempting to care for the masses. Patients were slowly moved into other wards, some were discharged into their own homes, and still others were placed in boarding homes and nursing homes via the family care program.

Through the acquisition of additional staff and with the career residency psychiatric training program from Missouri University sending new psychiatrists to the hospital for their clinical experience, many things began to happen. Treatment programs began to expand and change to meet the individual needs of the patients. Patients, who for years had had only minimal attention, were being involved in more intensive treatment programs and were responding to the treatment positively.

The Social Service Department was enlarged and programs were expanded to handle the increasing number of admissions and discharges. The family care program was accelerated to move great numbers of institutionalized long term patients into boarding and nursing homes. These were patients who had either received maximum benefits from psychiatric care or those in need of nursing care or custodial care only.

The Geographic Unit System was adopted in March of 1968, and the treatment team concept was initiated in all hospital units. This system was set up so that adult psychiatric patients entering the hospital would be admitted to and treated in the unit or building designated for the specific county in which the person had been a resident. Four geographic units now have a total service area of 25 counties.

This system allows the staff to maintain closer contact with patients and families and provides for greater continuity of services. Contact with courts and community agencies is easier to establish and maintain, and the patients seem to appreciate and feel more comfortable being housed with persons from the same general geographic area.

Along with the establishment of geographic units came the need for highly developed specialized programs. Many specialized services are available through various units to anyone in the hospital's service area.

Outpatient services were expanded and in December of 1966, a new clinic was opened. Prior to its opening, outpatient services had been available only on a half-day per week basis. The new clinic offered treatment hours five days a week. The response was more than expected and before many months the outpatient department was in need of additional space.

The clinic was then moved to its present location where the average caseload is now 250 to 300 or more per month. The clinic is staffed with a psychiatrist, a psychologist, a social worker, a nurse, and clerical personnel.

Additional outpatient services are now available on Saturday of each week with traveling clinics going to Maryville, and Chillicothe, Missouri. Space has been made available to hospital staff by medical facilities in those communities.

For several years prior to 1966, vocational services had been available to the patients on a limited basis with only one vocational counselor working out of the Psychology Department.

In 1966, an agreement between the Missouri Department of Mental Health and the State Department of Education brought extensive vocational services into the hospital. Patients could then have the opportunity for involvement in vocational planning before leaving the hospital.

The Vocational Rehabilitation Unit is located in the former employees' dormitory building on Hadley Drive at Frederick Avenue. Vocational Rehabilitation services include counseling, evaluation, training, job placement and follow-up for the clients referred to the program from other hospital units. Most any type of vocational or professional training can be provided for the client who is motivated and has the potential for employment. The V.R. Unit, according to the agreement, has staff provided by the hospital as well as employees paid by the State Department of Education.

The Sheltered Work Activities Center is also co-sponsored by the hospital and the Vocational Rehabilitation Unit. Patients and V.R. clients are assigned to the shop for training, evaluation, and for the development of good work attitudes and responsibilities. They are being paid on a comparative basis with outside competitive employment on the basis of their production.

Another specialized program which has grown tremendously in recent years is the Alcoholism Treatment Unit. The unit, which started as one ward under the direction of Dr. G.S. Waraich many years ago, has grown to include three wards with a combined capacity of approximately fifty. Over 1/3 of all admissions to the hospital are to the Alcoholism Unit and the average length of stay for those who go through the rehabilitation program is 28 days.

Alcoholism treatment includes detoxification and medical services, evaluation, counseling, group therapies, religious counseling, vocational and follow-up services. There are opportunities for the residents in the unit to become acquainted with and involved in Alcoholics Anonymous.

The alcoholism program and the hospital suffered a great loss with the death of Dr. Waraich in 1974.

The children's treatment program which began in 1962, is presently located in the Woodson Building.

The entire treatment program for the youth is integrated with a prescriptive education program. Prescriptive education means that the classes and programs are geared to meet the specific needs of each child.

The education opportunities for the children include regular academic classes on both elementary and secondary levels, special education and remedial classes, physical education, and vocational education. The vocational section encompasses auto mechanics, auto body repair, building trades, metals (including welding), small engine service, appliance repair, home economics, food services training, and business education.

Special summer programs directed by the education staff include camping trips, with emphasis on development of camping skills, and many other educational and recreational experiences in the community.

All other therapies are also available including group and individual psychotherapy, activity therapies, and chemotherapy. A behavior modification program with a positive reward point system economy has done much to alter antisocial behavior in the children and to bring about socially acceptable behavior.

Follow-up is provided by social workers, a psychologist, teachers and counselors after the child leaves the center. Groups are conducted not only with the children, but also with parents and other close relatives of the children. The children in the youth program range in age up through 18 years.

Another specialized program is the Medical/Surgical Unit, a complete hospital providing physical care to those who need it. Services include those of a medical laboratory, physical therapy, dental clinic, radiology, pharmacy, EEG clinic, minor surgery, special treatment and emergency first aid, as well as post-operative convalescent care. For economic reasons, the hospital's surgical unit was discontinued in October of 1974; and patients needing major surgery are now transferred to one of the community hospitals.

A recently established diagnostic clinic aids in the transportation of the patients to the Medical Unit and coordinates referrals to the various services within the unit.

The Geriatric Unit provides care for many patients who are either aged and suffering the infirmities of advancing age or those who are victims of various organic brain syndromes, some of whom have severely limiting physical handicaps.

Excellent medical and nursing care is provided. There are activity therapy staff members assigned to the unit and activities of music, recreation and occupational therapy are geared to the geriatric patients. Many activities are provided to help the patient maintain both physical and mental alertness and ability. Remotivation techniques are employed to help patients regain lost interests and encourage new interests.

Educational opportunities are open to patients of all ages regardless of previous educational experience or training. Many patients have been able to acquire their high school diplomas after successfully completing the G.E.D. requirements. Others are enrolled in courses simply out of interest and of their own choosing.

The Remotivation Classroom provides a very basic educational program for many who have not had a formal education and for those adult patients who have developmental disabilities that interfere with learning.

Vocational education opportunities abound for the adult patients as well as the youth. A recently installed comprehensive education program is taking a triad approach toward preparing patients for employment. Emphasis is being placed not only on academic skills, but also on improvement of social and vocational skills as well.

Activity therapy programs have expanded with nearly every unit in the hospital having in-unit activity programs.

The Recreation Center in Progress Hall is open to all patients in the hospital with a variety of activities from which the patients may choose. The hospital bus is available for trips off the hospital grounds and many patients enjoy excursions into St. Joseph, Kansas City, and other areas. Trips include swimming in the city pools, ball games, hockey games, bowling, attending theaters, attending school stage plays, and many other activities. There is a regulation ball field for the enjoyment of the patients, two gymnasiums, and an all purpose court which was provided by the hospital auxiliary.

The farming operation, which for nearly 100 years was the main source of food supply, was discontinued about five years ago. With the increased costs involved in farming, it became economically more practical to purchase food products than to produce them.

All departments of the hospital are striving to provide and maintain the best possible total treatment program for the patients. The Medical Records Department, Data Processing, and the clinical departments have been working together to make record keeping more uniform, more complete, and to free the clinical staff of laborious paper work so their time can be more constructively used in patient contact essential to treatment and rehabilitation.

The business offices, purchasing and supply departments, food services and other departments have been working toward better quality of services, with a minimum of waste at the lowest possible cost to the tax payers of Missouri. New inventory and supply systems are cutting costs and increasing efficiency.

THE HOSPITAL 100 YEARS LATER

The hospital is now celebrating its centennial. Periods of its history have been colorful and rich. Other periods were difficult and seemingly hopeless. Through it all there were many dedicated staff members whose perseverance and hope for the future

brought the hospital through the first 100 years.

Mental health programs are changing. New trends are emerging. There are promising new leads toward breakthroughs in the treatment of the mentally ill. As we enter into our second century of service, we do so with courage to meet the challenges of the future. Our goal is to provide the very best in mental health services to those who come our way.

(Editor's note: This ends the narrative authored by George Glore for the Hospital's 100th anniversary. Since 1974, quite a bit of change has taken place...)

PERIODS OF CHANGE:

1974-1997

Over the past 24 years the St. Joseph State Hospital has experienced many significant changes. Not only did the mission of the hospital undergo a facelift, but the approach to treatment of the mentally ill improved.

No longer was the hospital seen as a caretaker institution. In 1984, Hildreth Hultine, RN, an administrator in the Kansas State Hospital System was brought in to replace Dr. Nicholas Bartulica. The trend in Missouri was to send patients back into their home towns, where community-based treatment centers were better equipped to manage the non-violent patients. A system of community mental health centers (CMHC) was established in Missouri, partially funded by the Missouri Department of Mental Health, and became a vital player in the treatment of mental illness.

Joe Simanek, a Kansas City Lawyer, had filed suit on behalf of a patient in the Park Building, claiming she should be released to a less restrictive environment. He won the case for her, and as a result, the State of Missouri was required to review all in-patient records and return those patients who met certain guidelines, to the community. In some cases the patients were released to nursing homes, boarding homes, semi-independent apartments, or other living arrangements.

Thus began the consumerism movement within the mental health industry. Advocacy groups such as the Alliance for the Mentally Ill (AMI), The Network, Community Recreation and Resocialization (CRR), and others, became very active for, and on behalf of past and present patients. These groups were formed by treatment professionals, friends, families, the patients themselves, and members of the community at large who were interested in providing the community supports necessary for the patients to survive outside the in-patient setting.

Simanek did such a good job representing the patients, he was convinced by Governor Mei Carnahan to become the hospital Superintendent in 1989. He stayed until 1992 when he moved to California to join a legal practice there.

FLOOD OF 1993

Another milestone in the Hospital's history was caused by the record flood of 1993. On

July 23rd that year, the Missouri River crested at 27.9 feet, about ten feet over flood stage. As a result, the Missouri American Water Service pumping station was forced to shut down and evacuate. The St. Joseph area was without water for nearly two weeks until the river level went back down, and the water company could repair the pumps.

During that time, bottled water from all over the United States was trucked into town. Des Moines, Iowa, which had experienced a flood a few weeks before St. Joseph, had a surplus of bottled water there, and shipped it all to St. Joseph. Brewers in Colorado, Texas, Virginia, and Florida each donated thousands of gallons to the relief efforts. Eventually, Army National Guard and Reserve Units were brought to town with mobile water purification units that provided upwards of 8,000 gallons an hour.

While the City of St. Joseph was uncomfortable without water, it was a crisis situation here at the hospital. Water was needed not just to drink, but for food preparation, personal hygiene, and other uses. Portable toilets were brought in. Hundreds of cases of bottled water were shipped in. Some patients were transferred to other institutions.

At Woodson Children's Psychiatric Hospital, all but six of the young patients were returned to their homes. The remaining six patients were provided housing in a previously closed ward at Western Missouri Mental Health Center in Kansas City. Staff from WCPH rotated to and from WMMHC on 12-hour shifts to care for the patients.

PRISON MOVES IN

Prisoners from the Renz Correctional Farm near Jefferson City were transferred to our campus when their farm was wiped out by the 1993 flood. The 150 prisoners first job was to refurbish the closed Buchanan Building, which later became their home.

Hospital staff provided support services for the Department of Corrections such as food preparation in what was supposed to be a temporary operation. Eventually, the DOC decided St. Joseph would be a good place to locate a diagnostic center, and substance abuse treatment center. The Renz Farm was never reopened.

In September, 1995, the patient census was low enough that a switch was made between the DOC and SJSH. In less than one day, the DOC was able to move all their prisoners out of Buchanan Building, and we were able to transfer all our patients from the Park Building into the six wards available in Buchanan. Eventually, two of the patients wards were transferred into the Glore building which left two wards on the first floor, and two wards on the third floor of the Buchanan Building

Over the next two years the Department of Corrections increased its prisoner population to nearly 500 inmates in its substance abuse training program. This low to medium security facility regularly treated inmates within 60-90 days of their parole date.

The Department of Corrections had been suffering from severe growing pains, and needed much more bed space. At Cameron, the 1,200 bed medium security facility

was host to nearly 1,800 prisoners. A 1,500 bed maximum security facility was built adjacent to the medium security facility and it opened in early 1997. In addition, an abandoned convent/seminary east of Maryville, was bought by the Correction Department and converted into a minimum security facility.

The Department of Corrections could not wait to take possession of the State Hospital Campus, and broke ground in Fall of 1996, on its new 500 bed Diagnostic Center, immediately south of the SJSH Center Building.

Plans call for the Corrections campus to take all but Woodson Children's Psychiatric Hospital building and the Glore Building—(formerly Panatierre Hospital, or Medical and Surgical building), adjacent to Frederick Avenue. The rest of the 110-acre campus will be landscaped, fenced and wired to support the four major buildings and several administrative buildings used by the prison.

A major controversy centered on the Woodson Hospital in late 1996 and early 1997.

Prior to 1981, children in need of in-patient psychiatric treatment were either housed on women's wards or segregated on the hospital grounds. A separate children's unit was created in 1964, and moved to the Woodson receiving unit in 1968. In 1981, the Missouri Legislature created Woodson Children's Psychiatric hospital to serve a state-wide population. Hawthorne Children's Psychiatric Hospital is located in St. Louis.

Woodson was created with a potential for 45 in-patient beds. In late 1996, the patient census was running under 10 with some days as few as two patients in residence. At the same time a minor controversy arose over nursing staff hoarding patient medications. It found its way to the local media, and other problems were publicized.

Eventually, the Woodson Hospital was temporarily placed under the supervision of SJSH, with Dr. Dittmore assuming administrative control. He had been director of Woodson before being appointed Superintendent of the State Hospital. At the time this narrative is being written, there are plans for the Woodson Hospital to merge with St. Joseph State Hospital and become another unit under the corporate umbrella. Randy Riley, a 21-year veteran of the Department of Mental Health, is serving as Unit Manager, with the daily operational responsibilities for Woodson.

Woodson's patient population has decreased due in large part to the success of other community based programs. Family interventions, community mental health centers, community based programs, and other alternate treatment plans have greatly reduced the need for the types of services Woodson provides.

Combine that with a trend in Missouri to privatize some previously tax supported institutions and services, and you can see how Woodson was caught in a major bureaucratic bind. Legislative pressure to keep the facility open was debated with community elements that thought private providers could do a cheaper and better job of treating the area's youth.