

MARYLAND'S SHAME

The worst story ever published by The Sunpapers - - The results of a detailed investigation of five Maryland tax-supported mental hospitals, with a pictorial record of the findings.

By

HOWARD M. NORTON

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and
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ABOUT THE WRITER

These articles are the work of Howard M. Norton, whose articles on unemployment compensation in 1946 won the Pulitzer Gold Medal for disinterested and meritorious public service.

A member of the Washington staff of *The Sun*, Mr. Norton is a newspaperman of more than eighteen years experience.

He joined the Sunpapers in 1940 after spending seven years in the Far East as a foreign correspondent, contributing to such newspapers as the *Kansas City Star*, the *Los Angeles Times*, the *Philadelphia Inquirer*, the *San Francisco Chronicle* and the *Portland Oregonian*.

Previous to his tour of duty in the Far East, Mr. Norton worked on newspapers in Florida. He is a graduate of the University of Florida.

For the Sunpapers, he has served in a number of capacities.

As a war correspondent in the Pacific Theater, he took part in the New Guinea and New Britain campaigns, landed with the 27th Army Division on D-day at Saipan, and was injured in the D-day landing of the Marines on Guam.

In March, 1945, he was transferred to the Italian front. There he went behind the German lines with Italian partisans and was the first American correspondent to report the execution of Mussolini by the partisans, and the first to send back an eye-witness account of the ex-dictator's degradation at the hands of a mob in Milan.

Mr. Norton later went to Germany to report occupation activities of the 29th Division. He returned to civilian reporting late in the summer of 1945.

He has also served, at various times, as Washington correspondent for the *Evening Sun*, Behind-the-News editor of the *Evening Sun* and as Foreign Editor of *The Sun*.

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MARYLAND'S SNAKE PITS

Stories of inadequate care and downright neglect of patients in Maryland's tax-supported mental hospitals have appeared at increasingly frequent intervals in the last ten years.

The uniformity of the stories suggested a solid basis of fact. But they consisted mainly of isolated incidents or broad, unsubstantiated charges.

In order to ascertain the facts and obtain evidence to back them up, the Sunpapers assigned Howard M. Norton to make a detailed investigation of the State's five mental institutions.

The job took two months to complete.

For part of that time, Mr. Norton was accompanied by Robert F. Kneische, photographic director of the Sunpapers, and Charles E. Nolan, staff photographer, who made a pictorial record of the findings.

The results of the investigation were published in a series of ten articles in *The Sunday Sun* and *The Evening Sun*. They aroused great interest and widespread discussion.

They are reprinted in response to numerous requests.

The Worst Story Ever Told By The Sunpapers

Maryland's overcrowded State mental "hospitals" are breeding chronic insanity faster than they can cure it.

The five tax-supported mental institutions were built to house 6,000, but already nearly 9,000 are packed into their gloomy, frequently foul-smelling rooms.

Inside the walls of these Maryland "snake pits," men, women and children are living like animals.

Hundreds of them were once substantial citizens—doctors, lawyers, scientists, businessmen.

Many could have become useful citizens again.

But only a few of them are getting any curative treatment at all.

Treatment For Few, Neglect For Most

And most have been neglected so long they are already all but incurable.

Other hundreds for whom there is still hope will become hopelessly insane in the next twelve months.

The hospitals are powerless to help them.

These people might have been cured, might have returned to the outside world as active citizens and taxpayers.

Instead they will spend the rest of their lives in seclusion, a burden on the taxpayers.

Spring Grove State Hospital, in Catonsville, is so understaffed and overcrowded that, out of its 2,359 patients, *only 191 are now getting active treatment.*

At Springfield State Hospital, in Sykesville, there is only *one registered nurse for the 3,000 patients.*

And out of Springfield's 3,000, *fewer than 250 are getting any curative treatment.*

Hospitals Sink To "Asylum" Level

Maryland's mental hospitals thus are declining steadily toward the level of the Nineteenth Century "insane asylum" where the inmates raved and screamed their lives away out of sight and hearing of society.

The inmates are ragged and disheveled, often barefoot and dirty.

Many of the "wards" look like Bowery flop-houses.

The battered beds are jammed in side-by-side and head-to-foot, a hundred or more to the room.

At one "hospital" scores of men sleep nude on bare mattresses, even in midwinter, because there are no blankets or sheets to cover them.



STANDING ROOM ONLY—There are 226 men, but only 126 chairs in this bare, prisonlike "day room" at Springfield State Hospital. Those who have no chairs spend hours sitting or lying on the floor. There is nothing else for them to do.

Others lie on mattresses on the floor, because there aren't enough beds.

Still others sleep on the bare concrete.

Because of the shortage of bedding, windows on some wards are kept tightly closed.

In these rooms, the combined stench of filth-soaked mattresses and unwashed bodies is almost overpowering.

At one hospital 250 women live in a dark attic without a fire escape.

Sex Offenders Confined With Children

At another, sex offenders are kept in the same ward with young children.

Thousands spend their days vegetating in idleness and sinking deeper into insanity. They sit in bare rooms with no means for recreation. They stare blankly, or chatter foolishly to themselves.

For many there are not even chairs to sit on. So they sit on the floor.

In one decaying "day room," amid falling plaster and rotting floor boards, there are 226 men, but only 126 chairs.

In another, 110 "violent" women are watched by a single girl attendant. And, as a result of this dangerous shortage of attendants, many of the women inmates spend their days in locked chairs and their nights in strait jackets or tied to their beds.

Sixty Women in one Attic Room

In one attic room, 60 "disturbed" women fight for the use of two leaky toilets.

Eighty "working" male patients sleep in one basement storage room. After shoveling all day in the hospital's coal yard, most of them eat their dinners with coal-blackened hands because there are only four wash bowls for the 80 men.

There is no dietitian at any of the State hospitals except Springfield.

For meals, the five institutions spend an average of only 49 cents a day per patient. The food served to the inmates in the main looks and smells like garbage, and tastes little better.

It is served by inmate workers in a manner befitting its taste and appearance.

And, for the majority of these mentally sick people, the only pleasures in life are eating and sleeping.

Hundreds, Ready For Liberty, Are Kept To Work

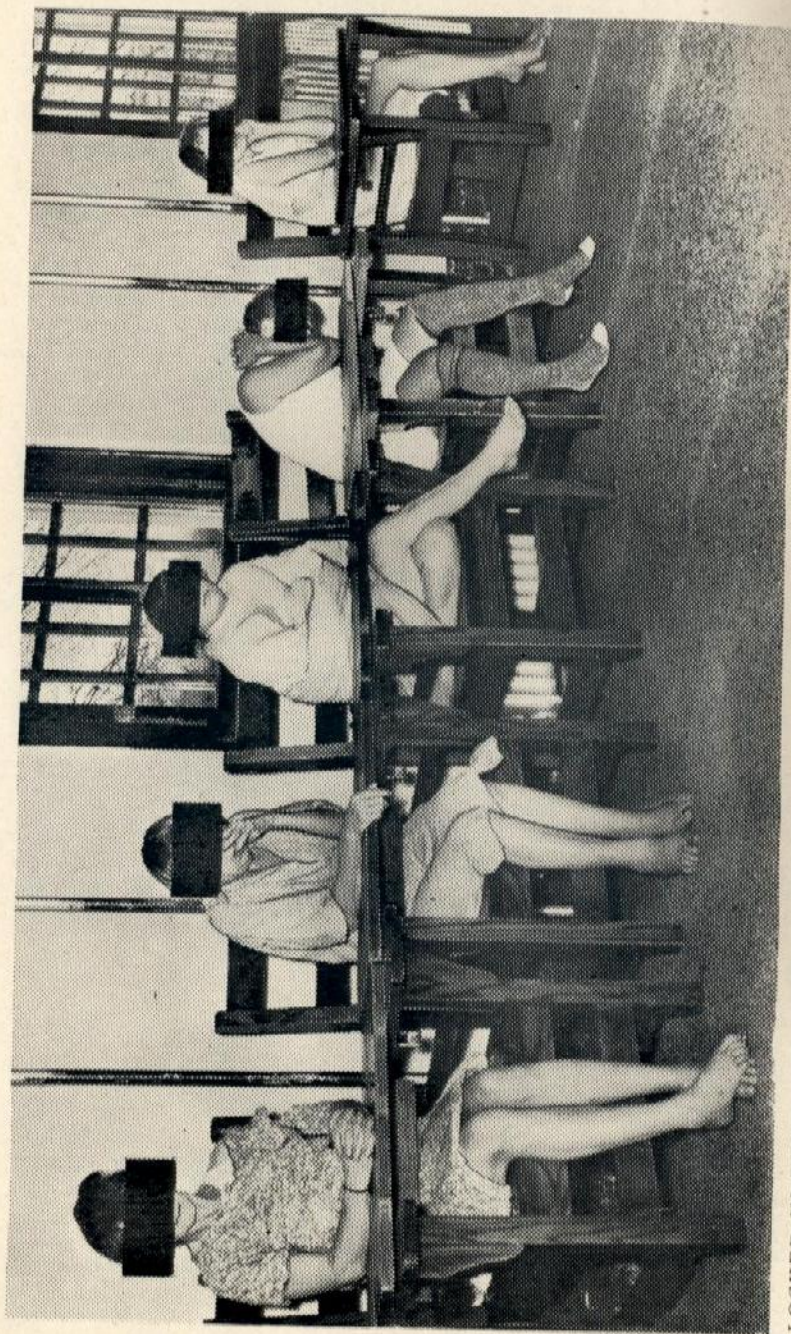
Most of the work of the State hospitals is done by the inmates.

Hundreds of these inmate workers should no longer be in the hospitals, according to hospital officials themselves.

Many of them have recovered sufficiently to take work outside the hospital and return to their homes.

But they are kept in the hospitals—sometimes for years after their recovery—because the hospitals couldn't function without them.

They work for board and room only. They get no pay.



LOCKED IN THEIR CHAIRS—Because there are not enough attendants to keep an eye on them, these women at Springfield State Hospital are confined in locked chairs. They get no treatment at all. The confinement irritates them, makes them more violent. As a result, they grow worse instead of better. They are getting 19th century care in the 20th century.

But they do occupy beds that doctors admit should be made available to mental cases now outside the hospitals.

In order to release these recovered inmates, the hospitals would have to hire hundreds of additional attendants.

The money to pay these additional attendants is available in the present budget. But the pay scale is so low, the work so disagreeable, and the living quarters so bad that most applicants for the jobs are not suitable.

The pay starts at \$1,380 and reaches a ceiling at \$1,725.

Long Hours, Wretched Quarters For Attendants

The attendants work from 48 to 72 hours a week.

Many of the married ones live in attic rooms directly above the inmates, within range of the smells and screams of the hospital wards.

Those who wish to live outside have to pay their own board and room. In all but one of the hospitals the State refuses to make any allowance for the "maintenance" they lose by not living in the hospital. At Springfield, the State allows \$6 a month to "room out."

In the treating of mental illness, the attendant is as important as the doctor. Frequently an understanding, gentle attendant can do more than a doctor to bring a patient back to himself.

But the wages and working conditions offered by Maryland's State hospitals tend to attract bums and "floaters."

The records show that some of these men manhandle their charges, steal patients' money and cigarettes, solicit tips from visiting relatives, get drunk on duty, and occasionally even rape female patients.

The same low standards of pay and working conditions deprive the mental hospitals of registered nurses.

The salary offered is \$2,000 plus maintenance, with a ceiling of \$2,500.

No Pay Allowance For Disagreeable Work

This is about the same pay the nurses would get if they worked at Johns Hopkins, or some other general hospital.

There is no pay allowance for the disagreeable—and sometimes hazardous—nature of the work in the State mental hospitals.

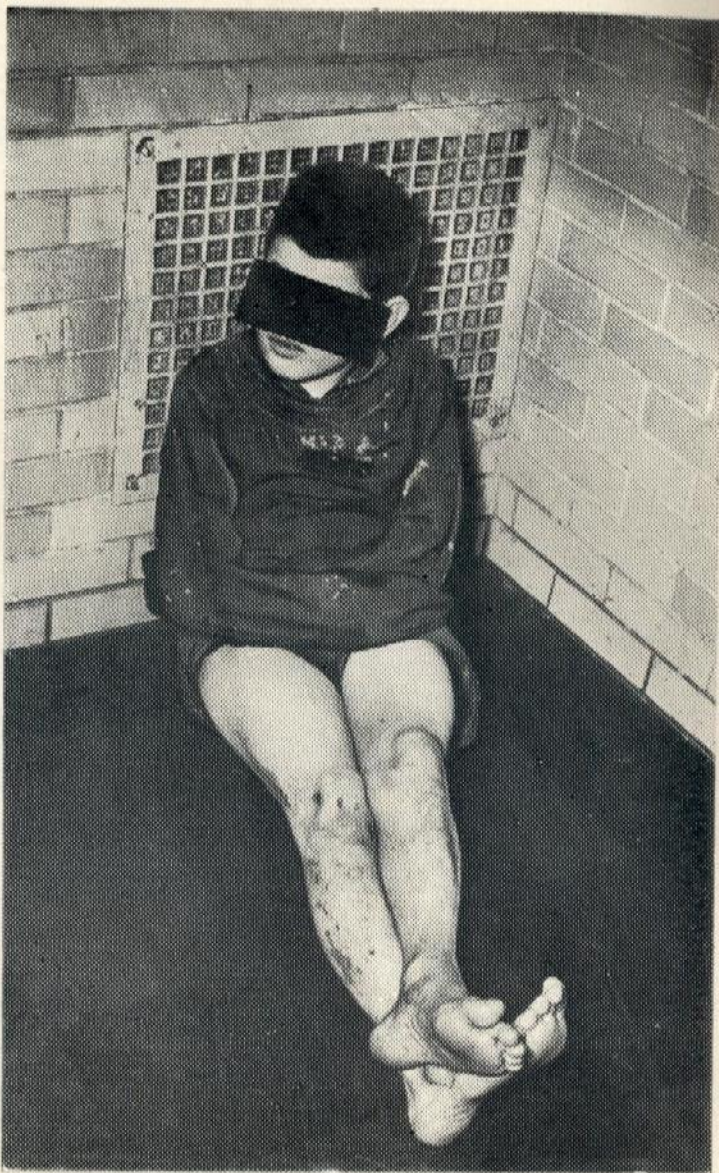
The nurses also are required to "live in" if they are to take advantage of the free maintenance.

As a result, there are *only twelve registered nurses for the nearly 9,000 State mental patients*—one nurse for each 750 patients.

This means that such important mental treatment as insulin shock—which requires trained nurse attendance—is all but eliminated from Maryland's mental hospitals.

It means that hundreds who might be cured by insulin shock are not going to be cured at all.

Money is the basic need of Maryland's stagnating "snake pits."



THEY SAY HE "BITES"—So this boy at Rosewood Training School is trussed up in a straitjacket and tossed into a corner. His skin is covered with sores and smeared with his own, and other children's filth.

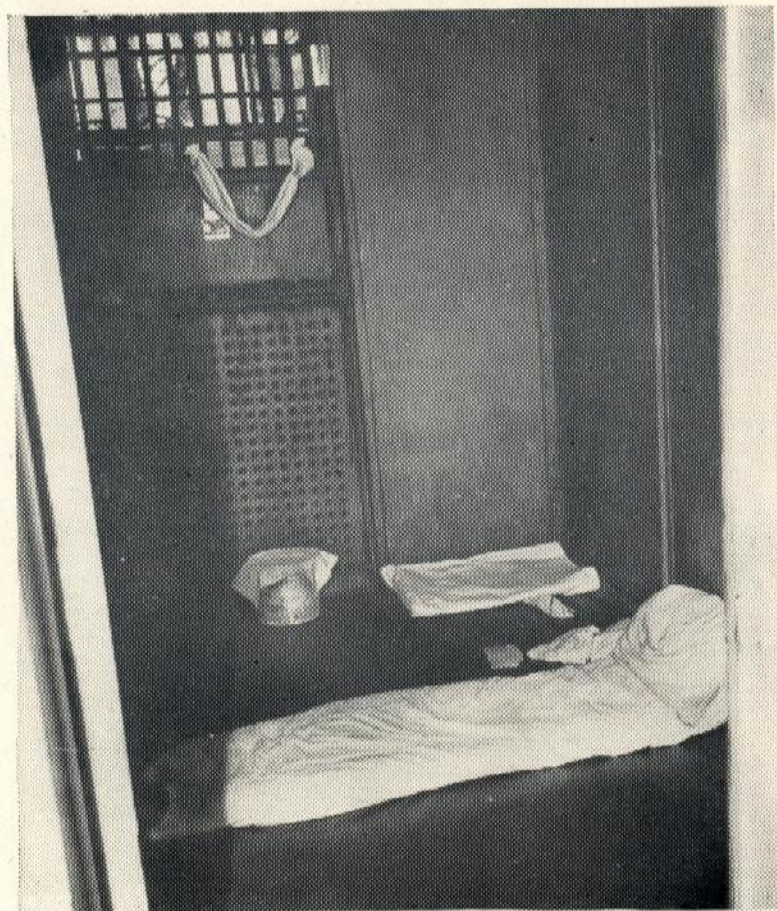
Lack Of Money Is Chief Reason

Lack of money is the chief reason for the lack of personnel, for the degrading condition of the patients, and for the mounting mass of incurably insane for whom the State must care until they die.

How little the State of Maryland is spending to help the mentally sick is demonstrated by these figures.

One of the less expensive private mental hospitals near Baltimore reports an operating cost of \$14.30 a day per patient. This includes everything: food, clothing, nursing, doctors' fees and treatments.

Maryland's State-supported mental hospitals, in contrast, spend an average of \$1.81.



ONE MAN'S HOME—In this dark cell in the basement of Spring Grove State Hospital's criminal section, one patient lives night and day. He has no bed, no chair and not enough light for reading, even in the daytime.

Chapter II—Spring Grove

Out of every twenty Marylanders, one will spend part of his life in a mental hospital.

Mental and nervous disease strikes more people than cancer, tuberculosis and infantile paralysis combined.

It strikes most frequently in old age, most devastatingly in youth.

Yet, mental disorders are so expensive to treat that almost every victim is compelled to take his chances at a State-supported hospital—unless he can pay \$100 to \$150 a week for private care.

And the "chances" are considerable.



PICTURE OF A GIRL GOING INSANE—This "psychopathic" girl was sent to Spring Grove over a year ago for treatment that would adjust her to normal life. Instead of getting help, she was put in the "violent" ward, then into solitary confinement in a dark cell, where she lies day and night on a thin mattress on the odorous floor. She is growing more bitter and sullen. Lately she has begun cutting herself to get attention. Still she gets no treatment. Soon she will be a chronic case.

At Spring Grove State Hospital, in Catonsville, for example, only one out of five patients amenable to treatment is getting it—only 191 out of about 955.

Fifteen Doctors For 2,359 Patients

There are 2,359 men and women crammed into space designed to accommodate not more than 1,647.

There are only fifteen doctors and three registered nurses to treat them.

More than 1,400 of the inmates of Spring Grove already are beyond hope.

Others are approaching hopelessness because there aren't enough doctors and nurses to help them while they can still be helped.

One 19-year-old girl, mildly psychotic but not at all "crazy," was sent to Spring Grove a year ago for treatment that would adjust her to normal living.

Because there was no room in other wards, she was placed in a "violent" ward with 100 screaming, "untidy" women, who regularly soil their own clothes.

The girl fought with her wardmates and was placed in solitary confinement.

Mattress Spread On Floor

She has now been in "solitary" much of the time for more than a year.

She spends her days and nights in a tiny, bare room in near-total darkness. The walls are peeling paint and plaster. The floorboards reek with the accumulated odors of the filth of previous inmates.

She sleeps on a thin mattress spread on this bare floor.

She has had no treatment at all since she entered the hospital.

Lately, according to attendants, she has grown more bitter and sullen, and has taken to cutting herself on the arms and legs in an attempt to get attention.

The only attention she gets is scoldings and bandages.

One man who entered Spring Grove at the age of 23 in 1901, got no treatment of any kind for 30 years, according to his hospital record.

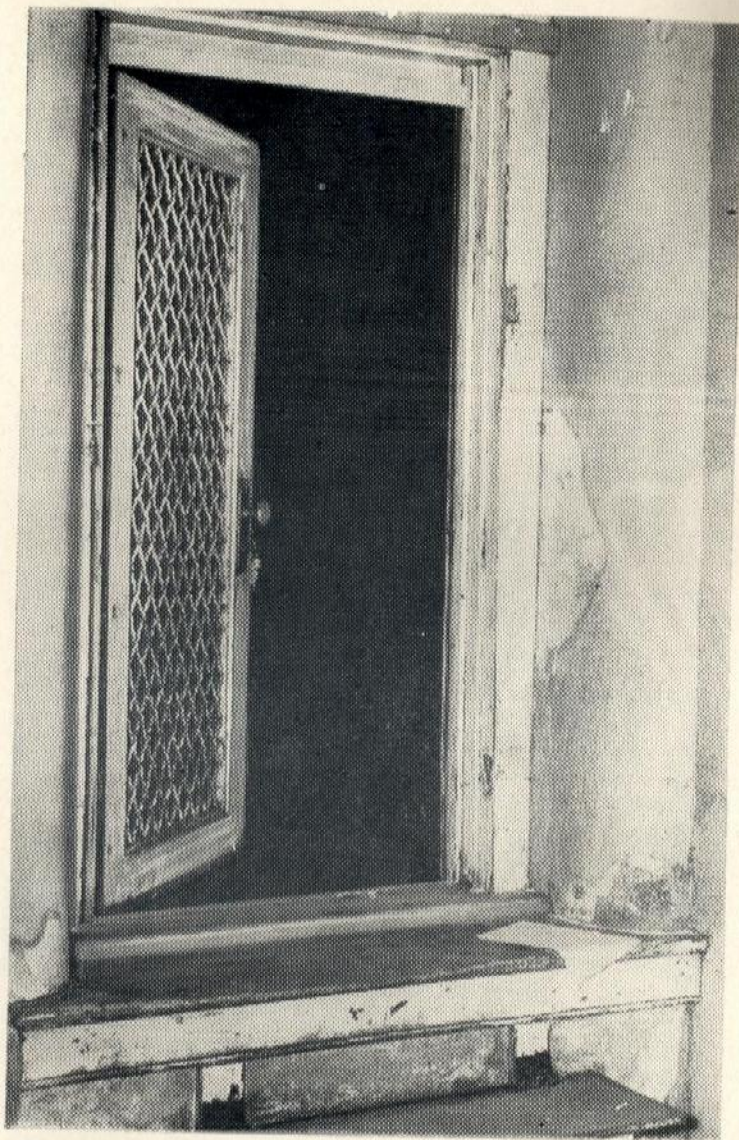
Treatment Received Too Late

Another youth of 25—a brilliant scholar—entered Spring Grove in 1944 voluntarily because he was worried about his "nervousness."

When he entered, his record notes, he was "clean and quiet."

But his record also notes that he got no positive treatment for two and one half years, meanwhile sinking deeper and deeper toward insanity.

Finally—after two and one half years—his turn came for insulin shock treatment. But it was too late. He did not improve.



IN CASE OF FIRE, HUNT FOR KEY—Fire escapes are kept barred and locked in Spring Grove's old "main building." Some attendant's keys don't fit worn locks. Scores of semi-helpless women would have to crawl through this exit and slide down chute two stories.

Today, according to the notes on his hospital record, he is "sullen, untidy and combative" and the taxpayers of Maryland probably will have to keep him for the rest of his life.

Short Of Good "Attendants"

The shortages of doctors and nurses in the State hospitals is not the only reason for this condition.

A shortage of "good" attendants is equally responsible.

In the gloomy Bland-Bryant building at Spring Grove, for example, there are 430 "very sick" male mental patients.

Only six of them are getting electric shock treatments, and none is getting insulin shock—the most effective treatment for some of the most prevalent mental ills.

Currently only one or two of these men improve sufficiently to leave the hospital in the course of a year.

At least 25 of them could be dismissed yearly if there were enough trained attendants to give them the attention they need, according to the doctors in charge.

Last year it cost the taxpayers \$622.77 for each patient kept at Spring Grove, or \$14,321.71 for the 23 men who stayed in the Bland-Bryant building alone because there weren't enough attendants to help them recover.

Lack Blankets And Sheets

Living conditions on some wards at Spring Grove present all the worst features of a city slum.

Hundreds of helpless and semi-helpless men sleep in the hallways of the ancient "main building," many of them on army cots.

Fire escapes are kept barred and locked.

One attendant, confronted suddenly, couldn't find the fire escape. When he did find it, his key wouldn't open it.

He was responsible for the safety of 100 helpless men.

In one ward, men were sleeping nude on bare mattresses because there were no blankets or sheets to cover them.

On another ward, 25 out of 74 men slept in their dirty coveralls for the same reason.

In a room occupied by 75 men who have no control over their bowels, the windows are kept tightly closed because of the lack of bedding.

Flies Buzz About The Beds

Swarms of flies buzz about the reeking beds.

One 70-year-old man rolls naked in his own filth on the concrete floor of a bare "seclusion" room at night. When visited, he had no bed, mattress or bedding.

On one ward, there are only three toilets for 75 men.

In both men's and women's buildings, patients of all ages and all degrees of insanity are lumped in common wards.

Many of them, according to the doctors, slip further into insanity in their effort to escape from their sordid surroundings.



MIDWINTER BUT NO BLANKETS—One man sleeps nude on a bare mattress, others in their dirty coveralls and shoes because there aren't enough blankets. The Scene: Spring Grove's Bland-Bryant Building. Forty patients in this room had no blankets.

Sixty-five senile women in one group have only two attendants to take care of them. Most have to be spoon fed.

In one "disturbed" ward, dozens of women are put in strait jackets and locked chairs during each meal hour while their lone attendant goes out to eat.

With a budget that calls for 297 attendants, Spring Grove has only 183.

They work 72 hours a week—12 hours a day—and many of them live in dismal attic rooms above the wards, where they can hear the screams and smell the odors even in the hours off duty.

For this, they are paid from \$1,380 to \$1,725 a year.

To supplement their income, some accept tips from visiting relatives. One man collected \$28 in this way on a recent Sunday.

According to hospital officials, there are plenty of applicants for attendant jobs, but many are coarse and unsuitable, and of those who take the jobs, few stay long.

Morale of the hospital staff is near absolute zero.

Complaints Unanswered, Nurses Say

There is little contact between top management and personnel. The superintendent has not been seen on some wards for as long as five years, according to some of the older employés.

Attendants and nurses report that complaints and suggestions go unanswered.

The extreme contrast between the palatial residence furnished the hospital superintendent and the slumlike quarters of the attendants, is at the root of much discontent.

Frustrated in their efforts to improve their lot, some attendants vent their ire on the patients.

And this retards their recovery.

Many of the buildings at Spring Grove are literally falling apart.

On every floor of the prisonlike "main building," which houses nearly half the patients, there are dirty, leaking toilets, falling plaster, peeling paint, rotted boards.

Tiny, dim light bulbs placed high in the ceiling accentuate the bleakness of the rooms and halls.

All of the windows are barred.

Neglect Held Partly Responsible

The atmosphere has more of the prison than the hospital.

Through it all there is a heavy composite odor of dirty feet, unwashed bodies, urine-soaked floors, soiled bedding and much-used toilets.

Simple neglect is responsible for some of the decay.

This writer visited one kitchen where a cracked steam pipe had been causing a rain of dirty evaporation from ceiling to floor.

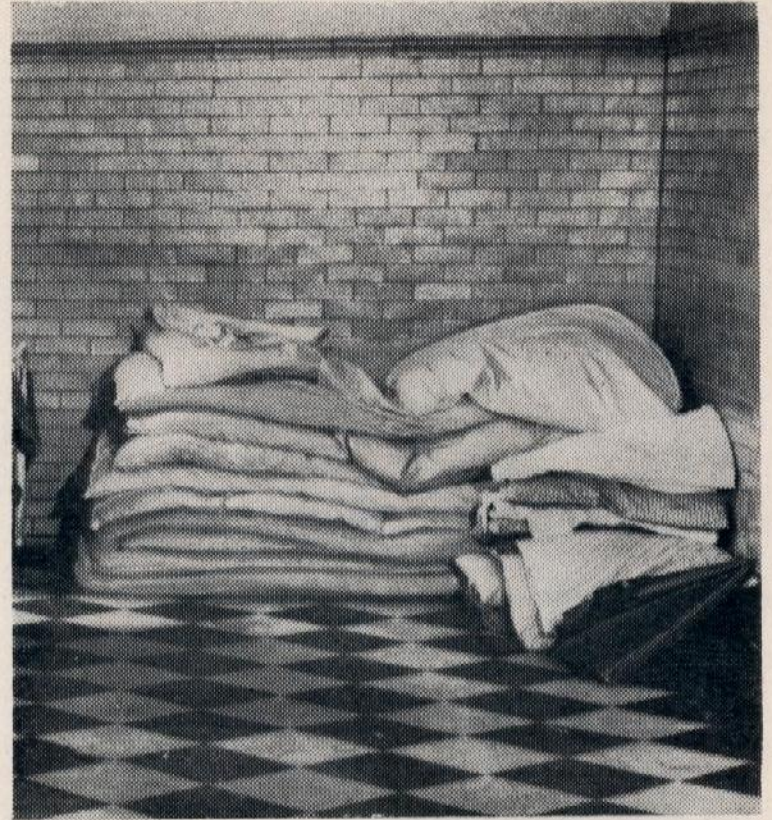
The pipe had been broken so long that the drops of evaporation had dug holes in the concrete floor, ruined much of the plaster and worn the asbestos insulation off other pipes.



ARMY COTS IN THE HALLS of Spring Grove's ancient and highly inflammable "main building" show the overcrowding.

One of the older attendants said the room had been that way for ten years!

When the writer made a second visit a week later, to take pictures, the leaky steam pipe had been fixed.



"BEDS" FOR TEN MEN—Ten thin mattresses stacked in a corner become beds for ten patients when spread on floor at night.

Chapter III—Crownsville

Crownsville State Hospital, near Annapolis, is the only hope of the insane Negro in Maryland.

It is the only place—public or private—to which he may turn for treatment.

Yet, Crownsville already has more than it can handle.

More than 1,800 men, women and children are herded into its buildings—into space meant for not more than 1,100.

And there are only eight doctors and one nurse to take care of them.



HOME-MADE WEAPONS—Superintendent Jacob Morgenstern, of Crownsville State Hospital, holds a blackjack made from a twisted mattress cover and a glass bottle and surveys his collection of daggers, knives, razors and escape ropes. All these weapons were seized from the criminally insane or dangerous patients at Crownsville. Because this institution hasn't enough attendants, these patients frequently escape. One, classed as "dangerous", who escaped last April is still at large.

The extreme overcrowding at Crownsville is a menace to the health and safety of inmates, hospital staff and surrounding community

"The Dumping Ground"

Men and women are sleeping in damp, dark basement storage rooms, in sweltering attics without fire escapes, on porches and in "recreation" rooms.

Idiot children sleep two in a bed.

Teen-age girls lie on mattresses on the floor.

Because Crownsville is the only Negro mental hospital, it is the dumping ground for the senile of that race.

Today, more than 150 beds are taken by aged and hopeless men and women who should be in a home for chronics instead of in space that might be used to cure more hopeful mental cases.

Only 30 out of the 1,800 are getting electric shock treatment, and none is getting deep insulin shock.

Epileptics Sent There

The doctors try to give individual "psychotherapy" (confidential talks with the patients). But with a ratio of one doctor to 225 patients, they can treat only a few.

Crownsville is also the dumping ground for feeble-minded Negro children and epileptics.

The "children's buildings" are among the most crowded of the institution.

For the children there are only two wards—one for girls and one for boys.

Sex offenders, ex-prostitutes, epileptics and idiots are thrown together with young children who are only feeble-minded or mentally retarded.

The younger and more hopeful ones learn bad habits from the older ones.

They see epileptics in their "seizure" struggles. They watch the senseless gesturing of the drooling mongoloids.

Patients Carry Others To Table

And they themselves grow worse and worse instead of better.

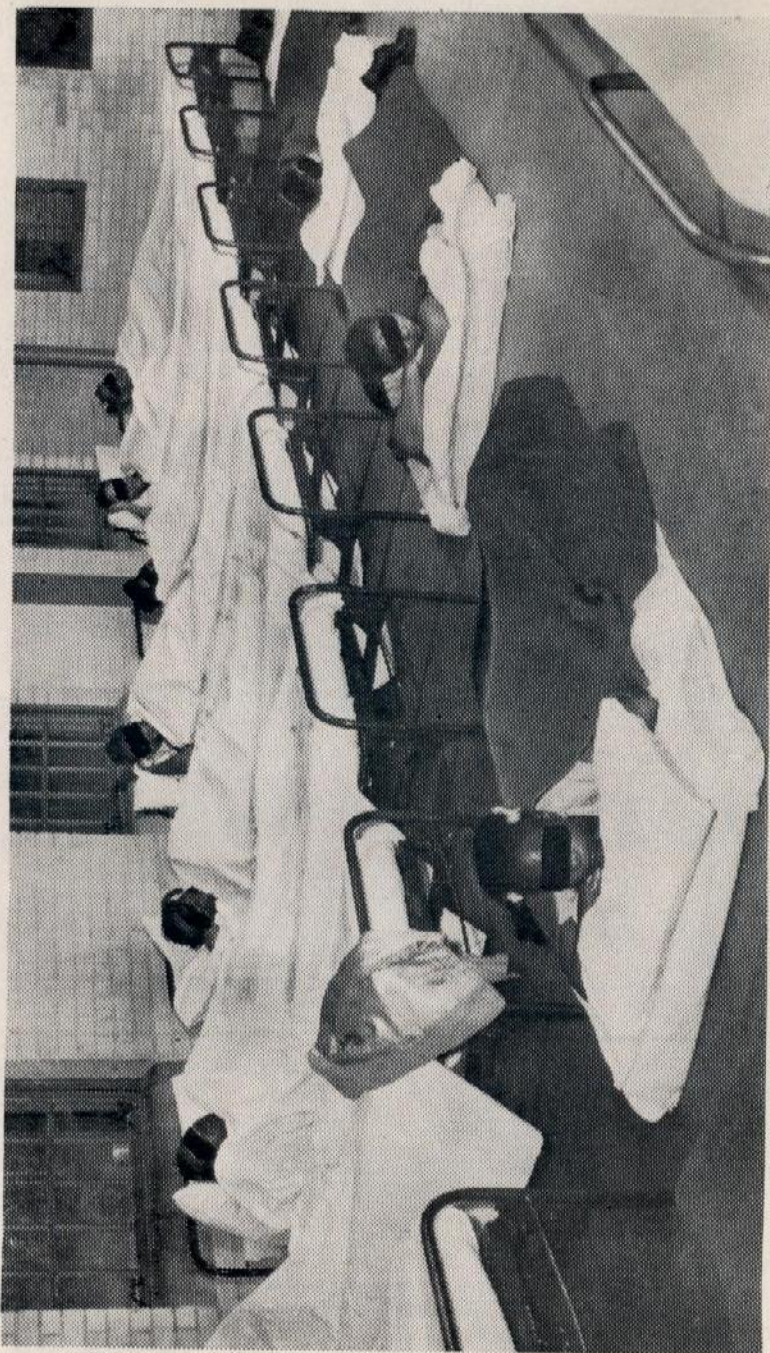
One hundred and fifteen girls spend most of their days in a single long, bare "play" room with virtually nothing to play with.

There are not even enough chairs for all of them to sit down.

Some of the epileptics lie all day on the bare floor.

There are so few attendants that the older girls have to carry the helpless ones bodily to and from their meals.

Girls picked up on the streets by police are dumped into this group indiscriminately, because the State has no other place for them if they are feeble-minded.



THE FLOOR IS THEIR BED—Teen-age girls sleep on mattresses between rows of beds in the children's building at Crownsville.

Crownsville is supposed to do for Negro children what Rosewood Training School supposedly does for feeble-minded white children.

But there is *no school* at Crownsville.

Not one of the more than 200 boys and girls at Crownsville is getting any formal schooling at all.

Many Called Salvageable

At least 25 per cent of them could take extensive "special" education and might become useful citizens, according to the doctors in charge.

Another 25 per cent could absorb limited learning and improve their condition.

But next to nothing is being done for these salvageable children.

The entire "training staff" consists of one woman, who shows a few of them how to sew, weave rugs and use simple tools.

Crownsville is dangerously understaffed.

It has only 110 attendants, though its budget allows 217.

This means not more than 45 are on duty at any given time.

These attendants are not merely guards, but also "parents" and "nurses" to the patients, and cannot spend all their time watching them.

Out of the 1,800 patients at Crownsville there are 59 known criminals, at least ten of them homicidal.

Escapes are relatively frequent.

Twenty eight escaped in 1948.

Seized Weapons Fill Drawer

Nine of these are still at large. And one of them is classed as "dangerous" by the hospital authorities.

Knives, razors, daggers and other weapons made secretly by the inmates and seized by the attendants before they could be used fill a large drawer in the superintendent's office.

Most of these weapons are manufactured in the fourth-floor criminal ward, where both criminals and "dangerous" patients are herded together.

Attendants even on this ward go completely unarmed.

On April 30, last year, four of the criminals escaped after threatening an attendant with a home-made knife, and cutting his belt to get his keys.

Only three of these men have been recaptured.

Most who escape are harmless. But with the present short staff, officials of the hospital will give no guarantee that the next one to escape will be harmless.

Crownsville has even more trouble getting its full quota of attendants than the other State mental hospitals.



TWO IN A BED—So crowded is the girls' ward at Crownville that these young idiots must sleep two in a bed—one at each end.

No Quarters For Couples

Like the other hospitals, it requires that most attendants live in the buildings with the patients.

But unlike the white mental hospitals, it has no quarters for married attendants.

And, in addition, it requires that attendants be white.

It can offer them only \$1,380 a year to start.

The result of all this has been a rapid turnover of staff—a handicap to the work of any hospital—and a trend toward low caliber employés.

One employé recently was turned over to the police for allegedly raping a girl inmate.

Crownville has no "admission" building, where new patients can be isolated until they are treated.

Recoveries Are Hampered

Curable cases are dumped into incurable or violent wards or any place else where there is room.

Their recovery is thus impeded and sometimes blocked entirely.

About 70 per cent of all persons admitted to the hospital are eventually discharged and ten per cent die.

But each year a new residue of 60 to 100 remains.

To cure an extra ten per cent and make room for the incurable residue would require five more doctors, 21 more registered nurses, 107 more trained attendants, ten more occupational-therapists, one more physiotherapist and three more social workers, according to Dr. Jacob Morgenstern, Crownville superintendent.

Money Voted For More Help

Money to pay the salaries of all these people already has been voted by the Legislature and is waiting to be spent.

But the salaries offered by the State are too low to attract them.

And thus begins a vicious circle.

Because of penny-pinching on salaries, the State is obliged to support an additional 60 to 100 mental patients permanently each year, at a cost of more than \$600 each.

Because of the additional crowding, Crownville will need more space.

And because of this need, the Legislature eventually will have to appropriate more money.

Chapter IV—Rosewood

There are 1,252 feeble-minded "children" at the Rosewood Training School.

Some of the "children" are more than 70 years old. More than half are over 21

And only 156 out of the 1,252 are attending school.

Meanwhile, there are 300 more children, aged 6 to 16, waiting to get in.

Some of these have been on the waiting list as long as seven years. The majority have already waited two to three years.



CHILDREN: 6 TO 60—Many of Rosewood's "children" stay there until they die of old age. More than half are over 21. Some are as old as 70.

The story of Rosewood is as much the story of the 300 who can't get in as it is the story of the 1,252 who are now inmates.

Parents Being Pauperized

Parents of "low grade" children all over Maryland are being pauperized because the State has allowed Rosewood to get so full that it is 400 over its normal capacity.

Some are obliged to pay \$150 to \$200 monthly to keep idiot children in private care because Rosewood can't take them.

Others keep defective children at home because they can't afford to pay.

The results are often tragic.

Mothers become mental cases themselves, normal children are warped, neighbors become hostile, families are broken.

One idiot girl on the Baltimore county "waiting list" for over two years, nearly strangled her normal baby brother last month by filling his mouth with dried peas.

Eats Neighbors' Garbage

This girl eats the neighbors' garbage and abuses other children.

Neighbors frequently summon the police, but the mother has two normal children to care for and cannot watch the idiot constantly.

The family is unable to pay for private care.

They must wait their turn on the list until someone dies at Rosewood.

A professional man with two mongolian idiot sons lost his position when one of them became unmanageable.

Only then did Rosewood take the unmanageable one. The other is still at home.

The father of an imbecile boy reports his wife has suffered an almost complete nervous breakdown from the burden of caring for the defective and two normal children.

Nearly Run Down Daily

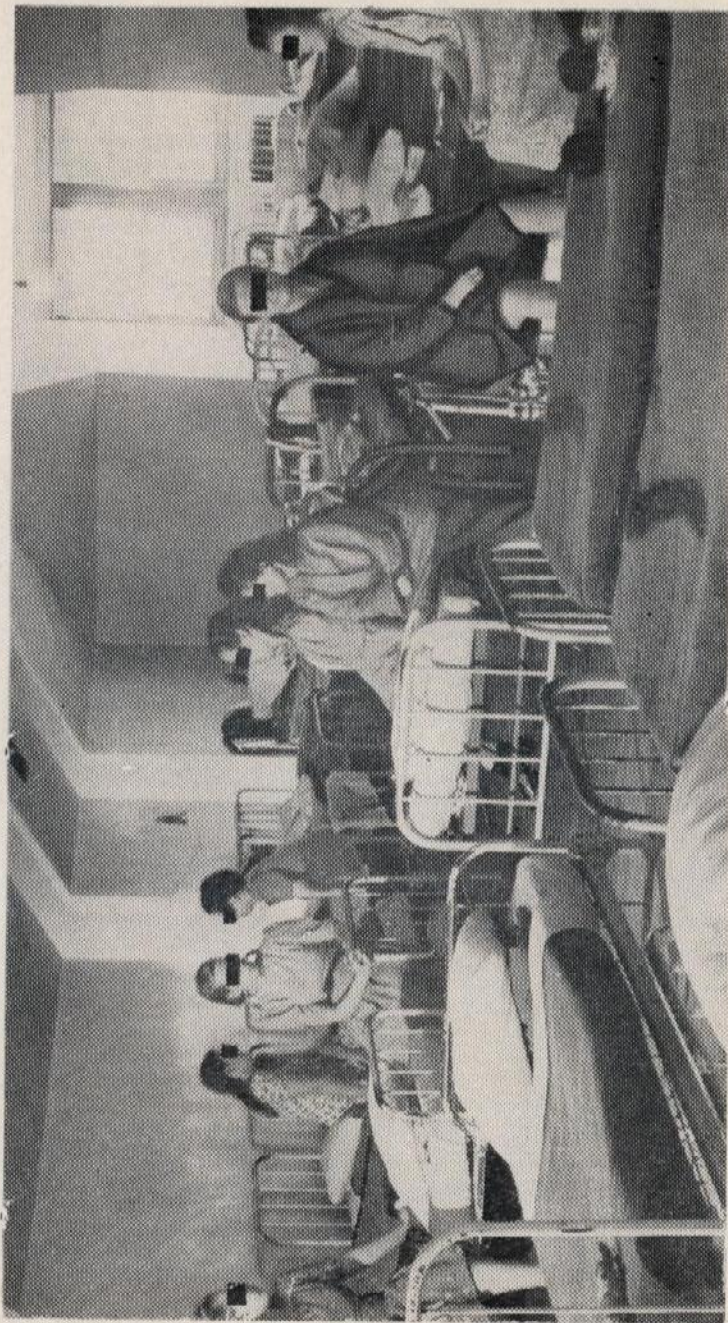
The imbecile does not let his brothers sleep. Almost daily he is nearly run down by trucks and autos. Once he was pulled from under the wheels of a backing delivery wagon.

A widowed mother confined in a tuberculosis sanatorium will have to return home within a few weeks, in spite of her illness, to take care of her three "low grade" children.

Rosewood will not take them, and the grandmother, who is caring for them, is nearing complete exhaustion.

But for these people, even Rosewood is not a solution—it is only the lesser of two evils.

It gives relief to the parents, but is a hazard to the health and safety of the children.



FIRE-TRAP—Forty-one girls sleep in this crowded attic. There is no fire escape, and only a single wooden stairway.

Many of Rosewood's buildings are rat-infested, decaying, and odorous. Plaster is falling, toilets are broken, pipes leaking, paint chipped, floors rotting, and beds broken down.

Top Floors Lack Fire Escapes

In the "Thom" building, 58 semi-helpless boys sleep on the top floor without a fire escape and with only two wooden stairways leading outside.

In King cottage, 78 girls live in an attic with the same hazards. Most of the buildings have more boys than beds.

They depend on some of the boys being sick and in the hospital at all times to keep a balance between space and occupants. Keating cottage, for example, has 73 beds and 81 boys.

"Trainables" and hopeless cases are mingled indiscriminately.

No Vestige Of Privacy

Idiots, cripples, epileptics and "working" children sleep head to foot and side by side, with no vestige of privacy, and in many cases, no place to keep their belongings.

Scores of helpless cripples are housed in the same building with the "disciplined" boys. The job of feeding and caring for the cripples is made part of the *punishment* administered to these boys.

In Pembroke cottage, 95 boys share two bathtubs and one shower.

Crusts around the eyes and mouths of many show that washing is not a frequent experience.

Some parents, whether they can afford it or not, have taken their children out of Rosewood rather than subject them to the animal-like degradation found in some of the "cottages."

Towson Man's Experience

Robert B Marye of Towson, tells this story (Mr. Marye's name is used with his permission):

Mr. Marye is the father of a mongoloid idiot son, Robert, born in 1942. But the family now has another child of 2½ years, and Robert cannot be kept in the home.

Last May, the boy was committed to Rosewood by court order at the request of the father.

One month later the father visited his son.

He found the boy "playing" with other idiots on a floor soiled with their own body discharges.

The boy's feet were full of wood splinters.

He had contracted trench mouth, a skin infection had spread all over his body, and he was suffering from a congested bronchial tract.



PUNISHMENT—The older boy has broken a school regulation. His punishment: feeding the younger child.

Temperature Up, Weight Down

The boy's temperature was up to 102 degrees.

In the single month at Rosewood his weight had dropped from 46 to 40 pounds.

Mr. Marye took the boy out of Rosewood immediately.

Now he is paying \$175 a month to keep him in a private institution.

The children at Rosewood are fed at a cost of only 47 cents a day per child.

There is no dietitian to supervise the feeding.

The boy inmates are dressed like tramps. They wear a mixture of cast-off army uniforms and tattered civilian clothes.

Those who cannot control their bowels or urine are garbed in coarse, one-piece rompers without shoes or stockings.

150 In Single Room

In a single basement room at Hill cottage, 150 low grade "romper" boys spend all their days chattering, fighting, gesturing and soiling themselves.

Two attendants stand by to shove the dirtier ones into a near-by shower room.

Rosewood, according to its charter, is supposed to be a "school" for training feeble-minded children.

But it is rapidly taking on the character of a home for the aged and helpless.

The majority now in the institution will stay there until they die.

There is no other place in the State to keep them.

Gradually, the older ones are occupying more and more space that could be given over to younger "trainables" now on the waiting list.

Recommendations By Experts

A group of experts recently inspected the teaching facilities.

They found the teachers trying to cram normal elementary school subjects into extremely subnormal heads.

They found no qualified educational director, no one especially trained in instructing the feeble minded.

They urged that the school forget normal procedure, and start its pupils off with courses in buttoning clothes, tying shoes, using the telephone, making change, and telling the time of day.

One expert predicted that at least 500 of Rosewood's "children"—young and not-so-young—could benefit from such a school.

Only 156 are benefiting from the present school.



FOR FOUR ATTENDANTS—This narrow wooden stairway is the only means of escape from their dismal attic quarters in the Tham cottage.

Chapter V—Eastern Shore

At Eastern Shore State Hospital, more time is spent fighting dirt than insanity.

The floors are kept clean, the bed sheets are white and odors are subdued.

But the patients get scarcely more attention than they did in the "insane asylums" of the last century.

To take care of the 500 inmates there are only three doctors and two registered nurses.

Until just a month ago there was only one nurse, and soon there will be only two doctors, since one of the three is resigning.

Best Treatment Abandoned

Curative effort is nearly at a standstill.

It has been that way for more than seven years.

Since 1941, the Eastern Shore Hospital has abandoned completely the use of deep insulin shock treatment—the most effective treatment yet devised for some of the most numerous types of mental illness.

Because of the long abandonment of insulin shock, scores, and probably hundreds, were deprived of their chance to recover.

And so long as the hospital staff remains inadequate, other scores and hundreds will continue to join the ranks of the chronic insane.

Tests have shown that if the most common type of mental patient can get insulin shock within the first year of his illness, the chances are 65 in 100 that he will leave the hospital improved or cured.

Odds Grow Against Inmates

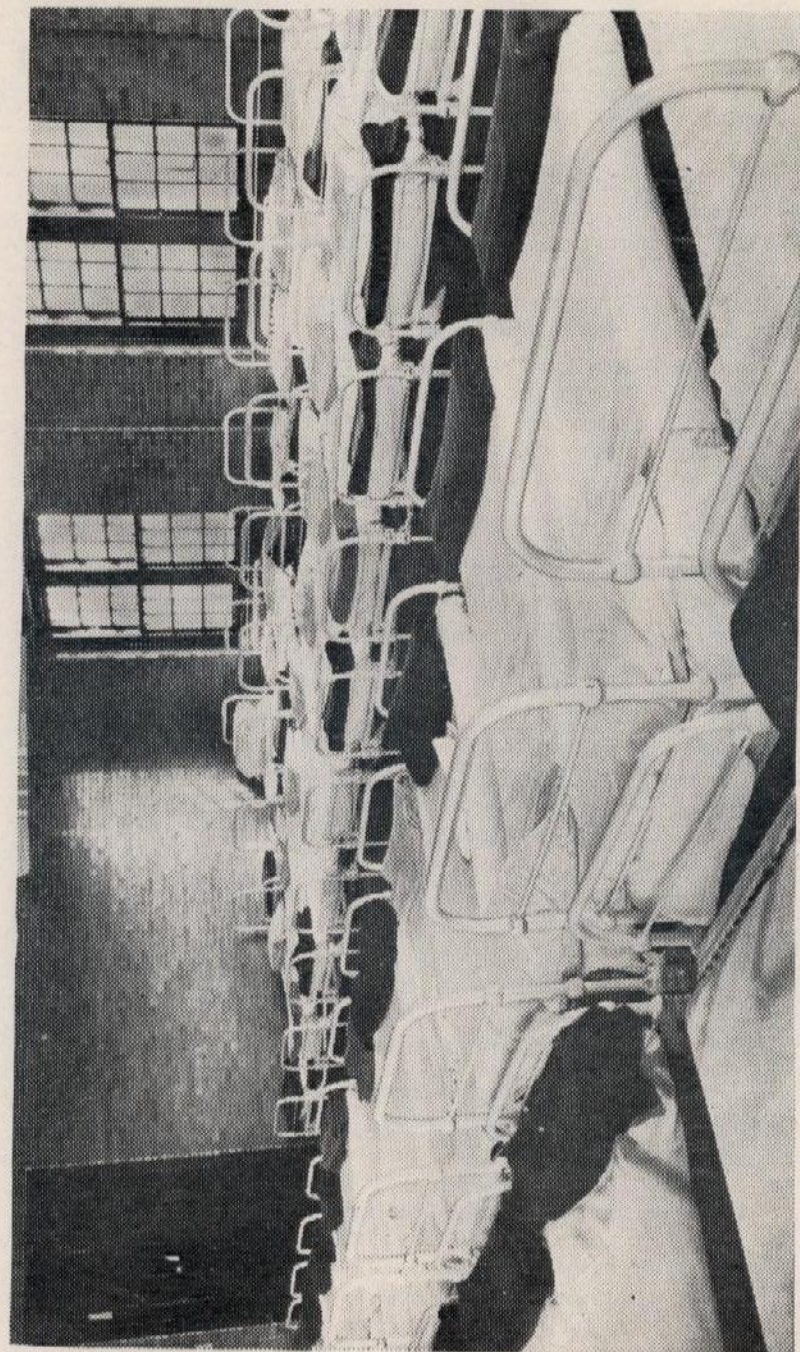
If he has been ill from one to two years, the chances drop to only 30 in 100 that he can leave the hospital after a course of insulin treatments.

After two years, his chances drop to 13 in 100.

Thus, for the seven years since insulin shock was last given on the Eastern Shore, the odds have been piling up against many inmates of the hospital.

Insulin treatment is not expensive.

But it requires skilled handling by a registered nurse and trained attendants.



112 WOMEN SLEEP HERE—Head to foot and with scarcely the width of a hand between them, these beds accommodate patients of all grades of insanity. Some have fits and seizures in the night and pummel neighbors with their flailing fists.

Superintendent Robert B. May estimates that with only two more registered nurses and four more trained attendants on his staff, full-scale insulin shock treatment could be restored.

The salaries of these additional people would cost the State about \$12,000 a year, at present scales.

Weeks Instead Of Years

This is about equal to the cost of keeping twelve patients in the hospital for one year.

Dr. May believes that such a medical team could treat 64 patients yearly—and possibly cure many who might otherwise have become a permanent burden on the taxpayers.

"The beauty of deep insulin shock," says Dr. May, "is that it shortens the time of partial recovery even if it does not cure. We only have to keep them weeks, instead of years."

Electric shock treatments are being used as a "poor substitute," Dr. May adds. They require less expert handling, but are "far less effective" for certain patients.

Because there aren't enough attendants at the Eastern Shore Hospital, violent patients often have to be put in cells, locked in their chairs or given sedatives.

This irritates them, often worsens their condition and lengthens their stay in the hospital.

Constant Supervision Vital

The Eastern Shore Hospital, since 1941, has been forced to abandon use of the two best methods of quieting violent patients without retarding them: the "continuous tub" and the "wet sheet pack."

These methods require constant supervision by an attendant.

But the hospital has only 51 attendants, working eight-hour shifts. Only about 20 are on duty at any given time.

Eastern Shore is the smallest of the State mental hospitals.

It is also one of the less crowded.

Yet, it has 500 men and women jammed into space built for only 334.

In its barren, tile-floored "disturbed" ward, 60 women have to line up to use two open toilets.

Many of the women sit all day in locked chairs because there are too many for the girl attendants to handle.

Lie Nude On Concrete Floor

The "day room" where the women pace and babble was designed to be a dining room. Because of the overcrowding, the dining room now is squeezed into one end of the same floor.



LIVING LIKE AN ANIMAL—This man, sitting in his own filth beside a tray of food, is in seclusion at Eastern Shore Hospital.

In the long, barren dormitories upstairs, 60 beds are jammed end to end, with scarcely room enough to squeeze between them.

Sixty square feet of dormitory space per patient is considered the irreducible minimum, even for a crowded mental hospital.

But Eastern Shore has only 45 square feet per patient.

Nude men sit and lie on the cold concrete floors of the seclusion cells.

Some cannot be trusted with clothing, and the floors cannot be heated. So they just take their chances with pneumonia. More modern hospitals use "radiant" heating in the floors of such rooms.

The hospital's isolated location makes it difficult to attract employes. The lack of decent living quarters adds to the difficulty.

Couples Share Facilities

Single attendants live two to a tiny room on the third floor above the insane. They can hear the noises and smell the odors even in their off hours.

Married attendants get the same kind of quarters. They must lock and unlock a half dozen doors on their way to and from their rooms. There is virtually no privacy for them. They share toilets and baths with all the others.

With only 51 attendants, not more than four can be sick at one time, or some have to give up their day off.

In spite of the fact the State does not furnish suitable quarters for attendants, State regulations will not allow the hospital to grant living allowances to those who wish to live outside the hospital.

So the staff stays small, fewer patients are cured and the overcrowding increases.

"With the present staff and overcrowded conditions," says Superintendent May, "about all we can do is fight dirt and keep the patients fed."

Chapter VI—Springfield

Springfield State Mental Hospital, at Sykesville, is Maryland's biggest.

Its problems are also the biggest.

It has 49 buildings scattered over 1,400 acres of rolling farm land.

It houses more than 3,000 insane men and women.

And "housing" is all that most of them get.

About 2,750 out of the 3,000 are getting no positive treatment at all.

250 Patients Get Positive Treatment

Half of the physicians and almost all of the curative effort are concentrated on 250 new cases in the admission building.

The other buildings are asylums for the hopeless.

There is only one registered nurse for the entire hospital.

As a result, only four out of the 3,000 are getting insulin shock treatment—a treatment which might cure or improve hundreds of them.

There is only one occupational therapist for the hospital.

So hundreds spend their days in vegetating idleness, sinking deeper into insanity, finally becoming permanent wards of the taxpayer.

Each Doctor Has 231 Cases

There is an average of 231 cases for *each* of the 13 doctors now on duty.

Springfield's 3,000 are sardined into space meant for only 2,100.

And there are only 300 attendants to watch them around the clock—108 attendants short of what the budget allows.

For 129 violent women kept in the infirmary building for lack of space elsewhere, there are just three girl attendants.

Because they might get out of hand, the women are forced to sit elbow-to-elbow on straight, hard benches, hour after hour.

Many of them are kept locked in their chairs until they soil their clothing and have to be changed.

Idleness Increases Patients' Troubles

Their screaming and quarreling are increased by their enforced idleness and proximity. They grow more disturbed, instead of less.

There is only one girl attendant for 110 women in Cottage C.

In one dormitory in this cottage, 75 beds are crammed into space for 50.

There is no place for the women to keep their personal belongings, so they carry toothbrushes in their hair, other personal

items wrapped in handkerchiefs. They must carry everything they own everywhere they go.

In Cottage E, 104 violent women sleep on cots pushed so close together that the attendants can't get between some of them.

Two Fire Escapes Are Useless

And there are only two girl attendants to watch them.

In Cottage D, 127 women have to share three toilets.

Hospital authorities pray nightly that, if there is ever a serious fire, it will not break out in Cottage G. Seventy-six women are crammed into the top floor of this aging structure. The only fire escape adjoins the only stairway and both would be entirely useless in case of fire.

The patients in this fire trap are among the most "disturbed" in the hospital. Many have nightmares and seizures.

Their beds are so close together that women in seizures frequently pummel the occupants of adjoining beds. And the attendants have to climb over other beds to reach the disturbed ones.

65 Old Women In A Basement

In one dark basement, 65 old women are spending their last days in the midst of a tangle of steam and water pipes. The majority are simply senile.

Cottage 2, of the epileptic colony, houses 85 of the worst epileptic women. They must be fed, bathed and combed like children. But there is only one practical nurse to do it all. She depends on other inmates for help.

Springfield's buildings for men were built in 1896 and haven't been substantially remodeled since.

Floors are rotting, plaster falling, plumbing is ancient, and there is not enough of anything.

More Occupants Than Chairs

In one bleak building, there are 226 men and only 126 chairs.

Men sit and lie on the floor—even the concrete floors of the toilet and shower rooms.

Dressed in cast-off army clothes and run-down shoes, the inmates look more like hoboes than hospital patients.

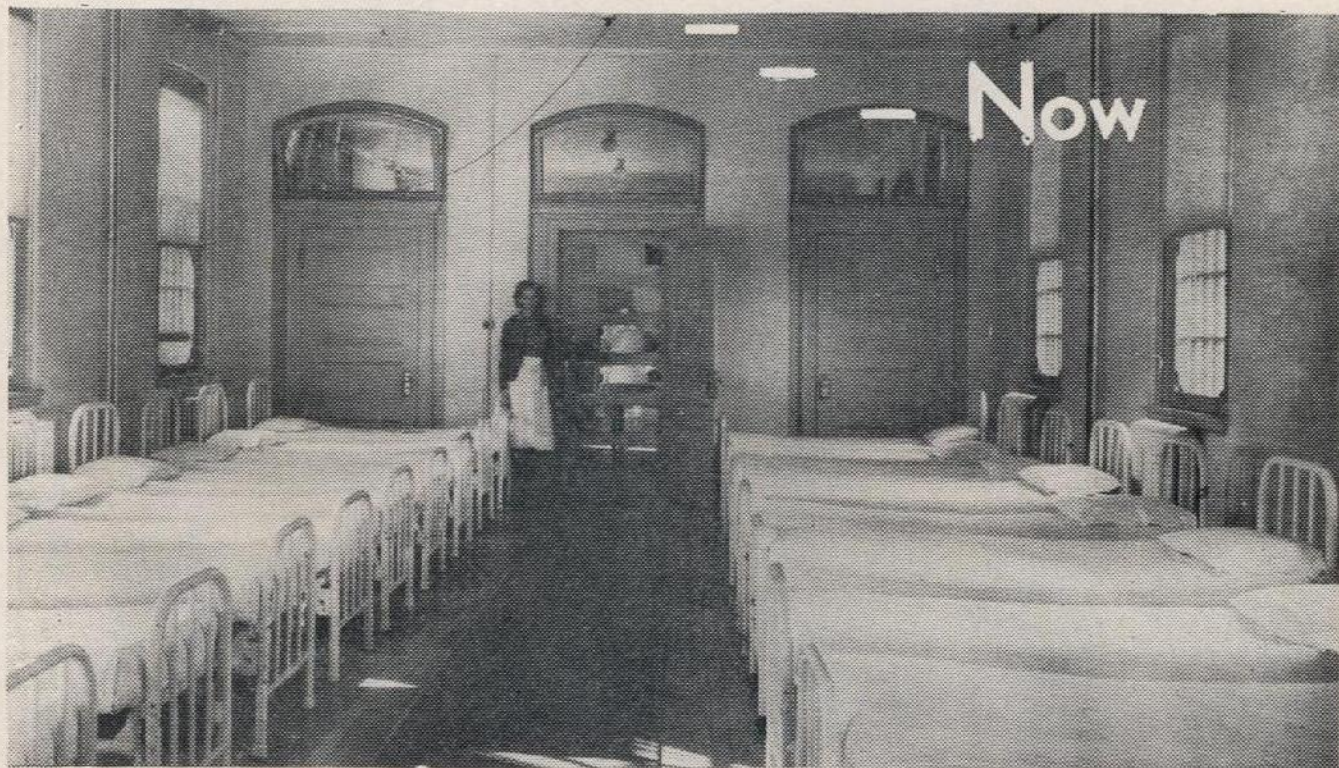
But among them—indistinguishable from the rest—are a former prominent member of the Washington (D.C.) Board of Trade, a once prosperous builder of Baltimore office buildings, the son of a prominent Baltimore business family, and a score of other formerly substantial citizens.

Day after day these men sit in complete idleness.

One barnlike dormitory is shared by 115 men who have little control over their bowels or urine. There are only three toilets for the 115.



34 YEARS AGO, when the building was new, this ward in Cottage "B" at Springfield State Hospital looked like this.



TODAY, the chairs, pictures, flowers and rugs have disappeared. Instead of six beds in the picture there are seventeen.



SHE RAN AWAY—So this girl in the Springfield epileptic colony is put in triple restraint. She is locked in her chair in a strait jacket and tied to the banister. She spends practically the entire day in this chair.

Attendant Attacked And Locked Up

By constant mopping, the floor is kept clear of human discharge, but the odor of urine is strong on the mattresses, much of the bedding soiled and inhabited by flies.

Ninety-five violent men sleep bed-to-bed in one rotting room, with just three attendants to watch them.

Last month, five of the men attacked the attendants, took their keys, locked them in the toilet and escaped.

Eighty-one working patients inhabit a dingy basement room. Their beds are only six inches apart, and there are only about a dozen chairs. The majority go directly to bed after dinner because there is no place to sit and talk, and no other form of amusement.

Staff Quarters Are No Better

Male attendants fare little better.

They live five to a room in the dark attics of old and highly

inflammable buildings. There is no way for them to escape in case of fire.

Locks are so old and worn in the men's section that the patients on even the lower floors would have difficulty escaping a fire unless they could break the doors down.

In one respect, Springfield is more fortunate than the other State mental hospitals. It is the only one that has a dietitian.

But the extreme overcrowding has offset even this advantage. In the main dining hall, 635 men eat at a single sitting.

Food Is Cold Before It's Eaten

The food is piled on 635 tin plates before they arrive for the meal, and most of it is cold before it is eaten.

The serving and most of the cooking are done by inmates.

There are only four attendants to see that the 635 behave.

Because of the extreme overcrowding—and because of the pressure of cases outside—Springfield is forced to release hundreds of "borderline" cases.

The doctors admit this is dangerous. It increases crime and puts a burden on the families.

But the effect on the hospital is equally grave.

"Borderline" cases are the ones who do most of the work in the hospital.

Many "Can't" Be Released

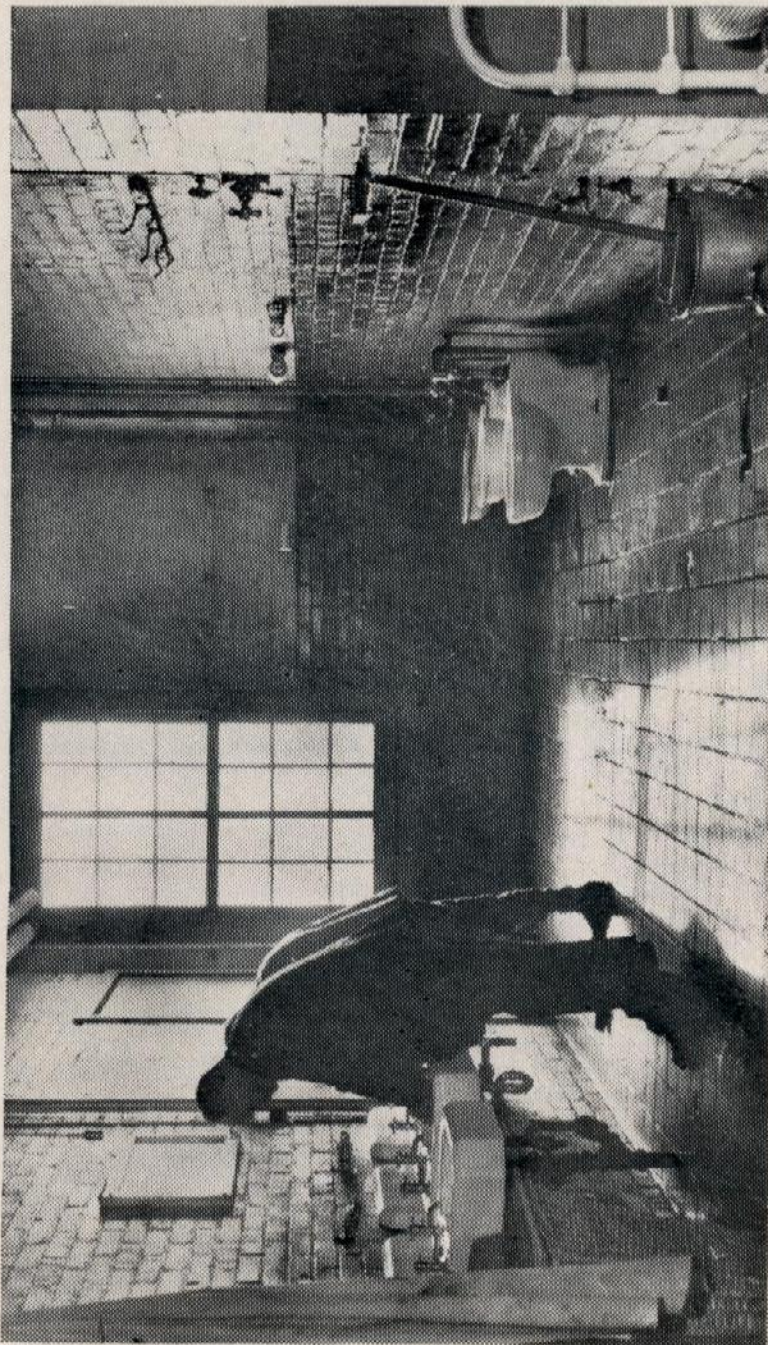
When they are released, more borderline cases must replace them, or more employes must be hired. Otherwise, the work of the hospital bogs down.

But additional employes are hard to get. So, as a result of the release of so many inmate-workers, the hospital's wheels are turning more slowly.

The process already has reached a point where some patients are being kept in the hospital, after they should go back home, because there is no one else to do their work.

And while these recovered or borderline patients occupy hospital space, a waiting list of 103 has accumulated outside.

Since July 1 only 50 have been admitted from the waiting list, and nine have died—still waiting.



TOILET AND BATH FOR 80 MEN—After a day's work in the hospital coal pile, the 80 working patients who live in the "I" building basement must wash in these meager facilities. For the 80 men there are only a dozen chairs.

Chapter VII—'Out Of Sight...'

Since 1928 no governor of Maryland has made a thorough personal tour of the State's mental hospitals.

No legislative committee in the last twenty years has made a complete first-hand study of the degradation, decay and general inadequacy of Spring Grove, Springfield, Crownsville, Cambridge and Rosewood.

Together, the Governor and the Legislature determine how much tax money goes to the mental hospitals.

They gave them, for this year, an amount equal to \$2.73 for each man, woman and child in the State.

New York, in contrast, is spending \$6.67.

Massachusetts, \$4.24.

Criminals Get More For Food

Maryland spends more money on food for criminals in some of the State's penal institutions than for patients in the mental hospitals.

At the Maryland House of Correction, for example, the outlay for food per patient per day is 54 cents.

The Maryland State Reformatory for Women spends 56 cents.

And convicts in the hospital at the Maryland State Penitentiary are fed at an average cost of 60 cents a day.

But the 9,000 patients in the State's mental hospitals were fed at an average cost of only 49 cents a day in the 1948 fiscal year.

The average general medical and surgical hospital figures cost of maintenance at \$9 to \$12 a day per patient. This does *not* include doctors' fees, treatments, etc.

\$1.81 Per Day Per Patient

One of Maryland's less expensive private mental hospitals reports that it spends an average of \$14.30 per patient per day just to run the hospital.

But Maryland's State mental hospitals are run on a budget that averages only \$1.81 a day per patient—and this includes doctors' care, nursing, salaries of all employes, maintenance of buildings and even clothing for many of the patients.

This State's mental hospitals already have nearly 50 per cent more patients than they were built to hold.

Nearly 9,000 are squeezed into space meant for only 6,000. And each year more are added.



THIS IS A WOMAN—Naked, she huddles in a coarse sheet on the odorous, filth-stained floor of a battered, run-down seclusion room in Spring Grove Hospital's "main building." The room is dark. She eats on the floor, like an animal. She will probably spend her life this way.

"Too Little And Too Late"

There are two reasons for this situation.

First, a "too little and too late" expansion policy, dictated by the State Legislature.

Second, a lack of skilled hands to cure the curably insane and get them out of the hospitals and back into their homes.

As to the expansion policy: In the last 40 years—since 1908—the construction appropriation for all five mental hospitals combined has averaged just \$352,176 per year.

That is just over \$70,000 per hospital.

And that figure includes repairs and remodeling in addition to new construction which would expand the hospitals' capacity.

Three of the hospitals are so far in arrears in the matter of repairs alone that their older buildings are literally falling apart.

Buildings that could have given more decades of service are approaching the time when they will have to be torn down and replaced, simply because they were allowed to fall into decay.

Field Day For Termites

This process is far advanced in the men's section at Springfield, in a half dozen "cottages" at Rosewood, and in the older structures at Spring Grove.

The rats, the worms and termites are having a field day.

Here and there a new building is being added.

It is invariably filled before it is finished.

The most urgently needed are buildings to house the hospital staffs.

In all of Maryland's mental hospitals today, many nurses and attendants live in the same buildings with the insane they are caring for.

Lower Salaries Are Cited

This—according to the nurses and attendants themselves—is as much responsible for the shortage of personnel as the low wages and difficulty of the work.

And the shortage of personnel, in turn, is directly responsible for the increasing pressure for more space in the hospital wards.

Prison guards in Maryland get \$1,000 a year more than hospital attendants.

Salaries of guards start at \$2,310 and continue up to \$2,890, with \$200 extra for special duty.

Salaries of hospital attendants start at \$1,380 and advance to \$1,725, with nothing extra for special duty.

The American Psychiatric Association has set standards to guide state hospitals in gauging the size of staffs needed to cure all of their curable patients.

None of Maryland's hospitals has more than half the number of staff members recommended.

126 Care For 1,727 Patients

Two of them have fewer than one third of the standard.

Crownsville (for Negroes) is in the worst shape of all.

With 1,727 patients, the standard for Crownsville, according to the A.P.A., is a staff of 455, including 26 doctors and 139 nurses.

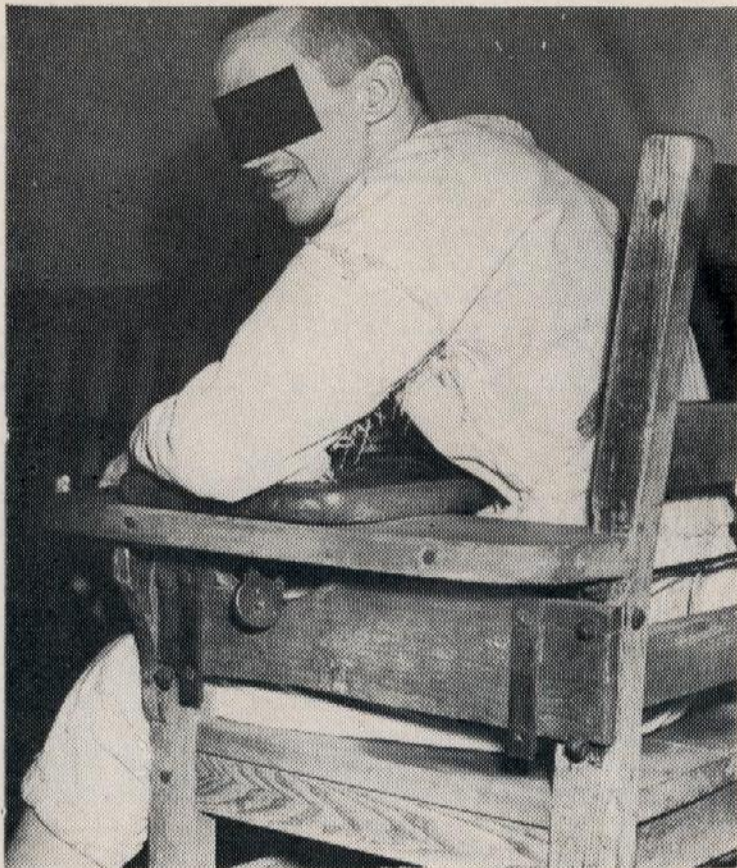
Crownsville actually has a staff of only 126, including eight doctors and just three nurses.

Spring Grove should have 689 on its staff.

It has 209.

It should have 216 registered nurses.

It has three.



THIS IS A LOCKED CHAIR—It works like a baby's highchair, except for the padlock. The confinement irritates the mental patient. It tends to make him more violent. Yet Maryland's mental hospitals use hundreds of them because they haven't enough attendants.

It should have 320 attendants working eight hours a day.

It has 183 working 12 hours a day.

Springfield should have a staff of 743 to cure or help the maximum number of its 3,000 patients.

It has only 336, of whom 301 are attendants.

Springfield needs 136 registered nurses.

It has only one.

It should have 23 doctors. It has 12.

The Eastern Shore State Hospital, at Cambridge, has only 74 on the hospital staff. It should have twice that number.

Because it had only one nurse until last month, it has not given insulin shock treatment since 1941.

The most damaging shortage in the mental hospitals is the shortage of registered nurses.

This is due primarily to the fact that there is a national shortage of trained nurses.

One Source Not Tapped

It is also partly due to the low salary (\$2,000) offered for the unpleasant work with the insane, and the inadequate living quarters.

But there is one source of skilled nursing help that has not been tapped by any State mental hospital.

None of the hospitals is currently making any effort to hire part-time nurses.

One reputable private mental hospital in Baltimore reports that it solves its nurse shortage that way.

It hires married RN's and others who are willing to work from one to five days a week, or for a few hours every day. These women give treatments to patients who would otherwise not get any.

Why don't the State hospitals do this?

Called Administrative Problem

Dr. George H. Preston, chairman of the Board of Mental Hygiene, says:

"The superintendents don't like it.

"Regular nurses tend to feel discriminated against. The part-timers come in and pick and choose their hours, and get paid almost as much as the ones who work on State schedule.

"It creates an administrative problem."

The money to pay part-time nurses is waiting to be spent.

And hundreds are sinking deeper into insanity for lack of nursing care.

What part-time nurses could do is being demonstrated at Spring Grove by an enterprising staff doctor.

The families of five women patients at that hospital wanted them to have the advantage of insulin shock treatment.

Five Families Pay Nurse

The Spring Grove management declined to give the treatments, on grounds that it didn't have enough nurses.

At the suggestion of the staff doctor, however, each of the five families put up \$100 and together they hired one part-time registered nurse.

This nurse—wholly paid for by the families (though the hospital has the funds to pay her)—goes to Spring Grove five days a week and helps administer insulin to the five women.

As a result, two of the women are on the road to complete recovery and will return to their homes.

The others may leave the hospital, somewhat improved.

If their families had not taken the initiative to help them, these women would have spent the rest of their lives in the hospital.

And the taxpayers would have kept on paying \$600 to \$1,000 a year to support them.

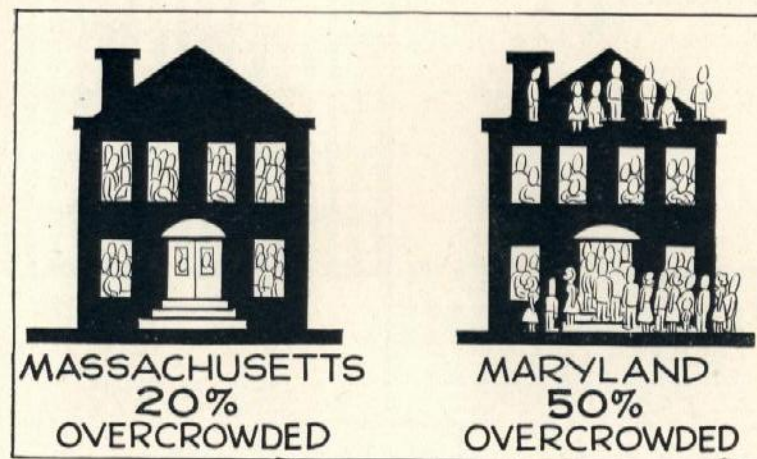
Chapter VIII—A Comparison

Massachusetts' mental hospitals are in bad shape.

But Maryland's are so much worse that they make the Massachusetts hospitals look good.

Massachusetts' mental institutions are twenty per cent overcrowded.

In Maryland, the overcrowding already has gone above 50 per cent.



Massachusetts spends on the care of mental ills an amount equal to \$4.24 for each man, woman and child in the State.

Maryland spends \$2.73.

In a report to Governor Bradford of Massachusetts last fall, the mental health commissioner of that State, Dr. Clifton T. Perkins, wrote these words:

"Our shortages mean weeping patients with no one to comfort them, fights among patients and a lack of interveners denudative patients who succeed in being naked, vermin multiplying without proper check, injuries to harassed attendants, broken bones from falls of elderly patients who need more watching than can be provided by a short staff, and acceptance of some job applicants, who are not ideal, to say the least."

Worcester And Springfield Contrasted

Last week, this writer inspected the Worcester State Hospital, at Worcester, Mass.

It is about the size of Maryland's Springfield State Hospital, at Sykesville.

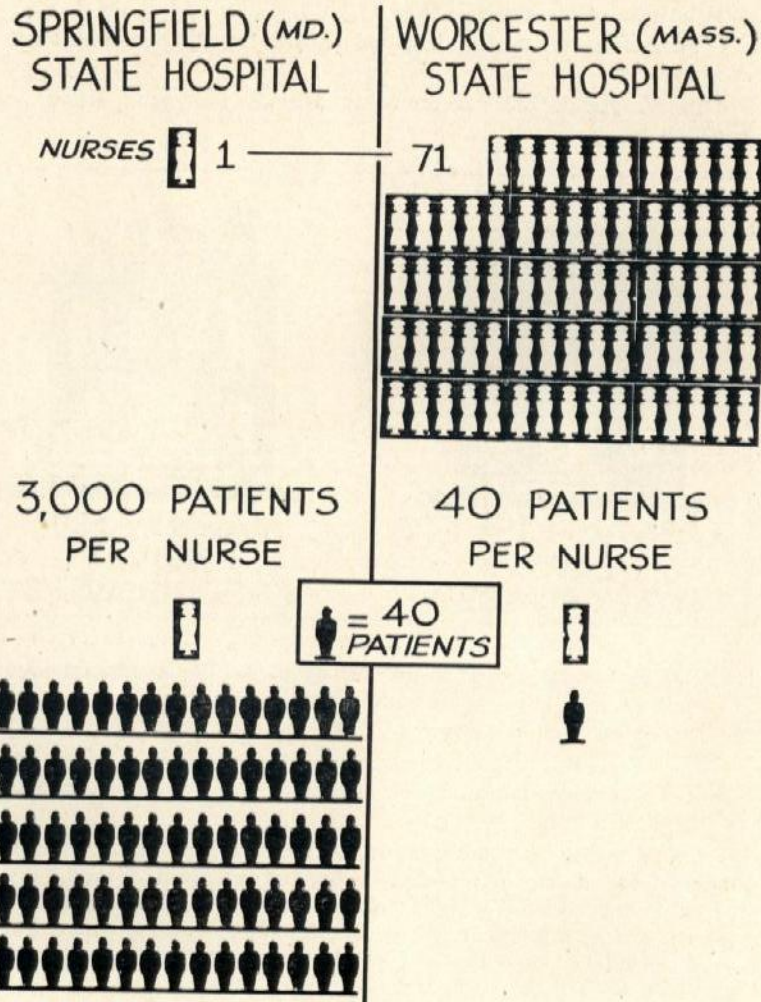
Worcester has 2,850 patients; Springfield just over 3,000.

But at that point all similarity ends.

Worcester has 27 doctors—one for each 106 patients.

Springfield has just thirteen doctors—one for each 231 patients.

In the matter of nursing staff, the comparison is startling.



Worcester has 71 registered nurses—or one nurse for each 40 patients.

But at Springfield there is only one registered nurse for the entire 3,000.

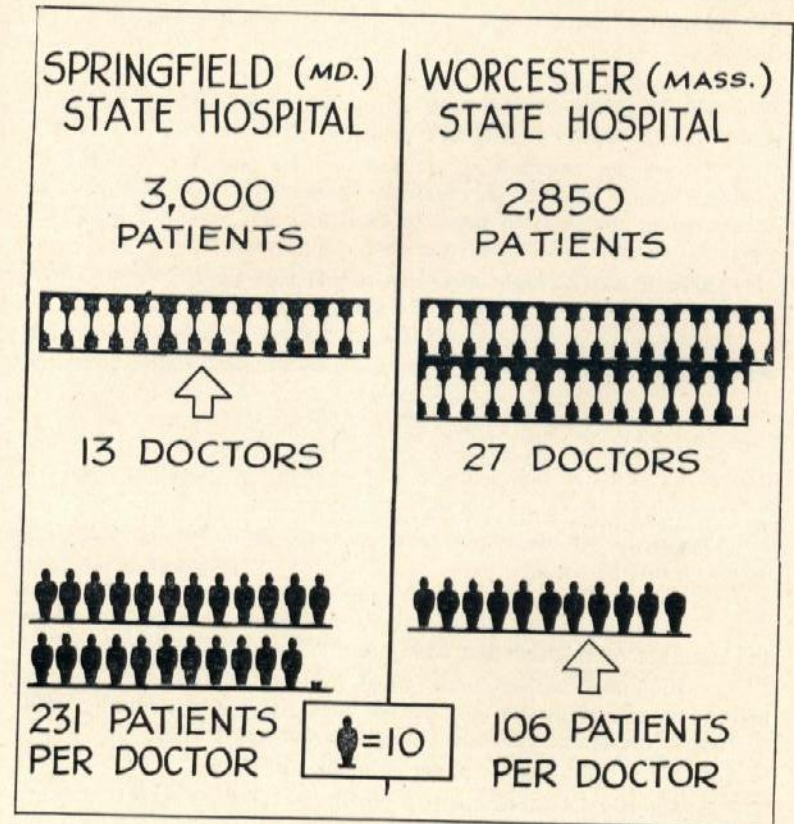
Hundreds Waste Away In Complete Idleness

Moreover, in addition to the 72 registered nurses, the Worcester hospital is assisted by 40 to 50 student nurses—girls who are sufficiently responsible to assist in the administering of insulin treatments.

Springfield has no nursing school—hence no student nurses. (There is not a single nursing school in Maryland's whole system of State mental hospitals.)

At Springfield—and at all the other Maryland mental hospitals—hundreds of patients waste away in complete idleness.

But at Worcester, there is a large-scale organized program of



The result: More patients get well at Worcester

occupational therapy—a "graduated job program" that gives every salvageable patient something to do to get his mind off his worries.

Out of Worcester's 2,850 patients, 1,575 are kept busy in the graduated job program.

They start with simple tasks—like unraveling burlap and rolling it up in balls.

They work under the eyes of nurses and attendants who watch for progress, and report when patients are ready for "promotion."

The next step up is the arts and crafts shop. And the final step is instruction in trades.

Job Program Definitely Cures Many

"The graduated job program definitely cures many of our patients," says Dr. B. H. Flower, superintendent at Worcester.

In Maryland, nothing of the sort is being tried at any of the hospitals.

Worcester hospital has curtains on its windows, pictures on its walls.

Maryland's hospitals are uniformly bare.

Patients at Worcester have an opportunity to study for high school credits under a qualified full-time staff teacher.

There is an overflowing library for the patients—staffed by patients whose work is part of the job-therapy. Worcester has a "brain wave" machine to assist in locating such maladies as brain tumors.

There is not a single machine of this sort in the whole State system of mental hospitals in Maryland.

Worcester has more than a score of "continuous tubs" and other apparatus for hydro-therapy (for quieting disturbed patients).

"Continuous Tub" Lacking Here

In two months of visits to Maryland's State mental hospitals this writer did not see a single "continuous tub" in operation.

Nakedness is at a minimum in Worcester.

There are female nurses and women attendants even in the men's "violent" wards.

"It helps keep the men quiet, tidy and orderly," a ward supervisor explained. "And seeing these nurses in their uniforms gives the patients confidence that something is being done for them."

In the most violent male ward in the hospital on a recent afternoon, two attractive girl nurses were playing gin rummy with a group of patients. There was laughter and gay banter.

It was a sight that is never seen in Maryland.

In Maryland's State mental hospitals, women nurses and attendants are strictly for the women's wards.

The men's wards are bleak and prisonlike—presided over by male attendants and male doctors.

Behavior Better In Women's Presence

Nakedness and filth are markedly greater in all of Maryland's male wards than in those at Worcester.

A Worcester ward supervisor explained it this way:

"Even the most disturbed men control themselves better in the presence of women. Their very presence has a therapeutic effect."

"We have no trouble with them at all," the female head nurse of a male disturbed ward commented.

At Worcester only two "soilers" wards have any unpleasant odors.

Throughout the hospital there are rocking chairs, games, puzzles, magazines, books, billiard tables.

The buildings are old, but well-maintained and painted.

The hospital has its own operating room and performs its own brain surgery.

Unequipped For Brain Surgery

None of Maryland's State mental hospitals are equipped to do brain surgery. They take "lobotomy" cases to general hospitals in Baltimore.

In 1948 alone Worcester surgeons performed 64 "lobotomy" operations.

And at Worcester, such operations are not confined to newly-admitted cases.

One man who was one of Worcester's most violent patients for fourteen years, was given a brain operation.

The hospital attendants then taught him to walk all over again.

Today he is out of the hospital, earning a salary.

Nurses at Worcester are under instruction to watch even the older patients closely for signs of improvement that suggest an opportunity for renewed effort to cure them.

As a result of this close surveillance by a skilled staff, Worcester last year was able to dismiss 90 per cent of the number of patients it admitted.

Difference Between Hospital And Asylum

Springfield State Hospitals is able to dismiss only 63 to 70 per cent.

"Adequate nursing staff makes most of the difference between a hospital and an asylum," one Worcester doctor commented.

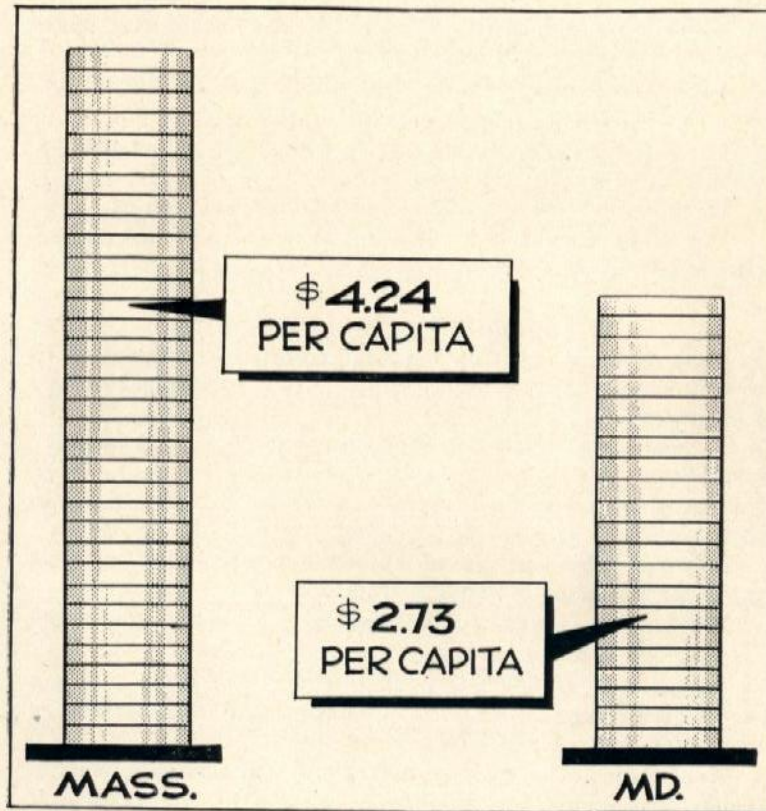
Worcester gets most of its nurses from affiliate hospitals whose student nurses get their psychiatric training at Worcester State.

"They come here to study, they get to know us, and they come back when they get their diplomas," a staff doctor said.

Superintendent Flower feels that Worcester State still hasn't nearly enough nurses to do an adequate job.

It has—largely through its nursing school—acquired a staff of 71 registered nurses.

That is almost exactly *six times* as many nurses as are working in *all five* of Maryland's mental institutions combined.



A comparison of outlays for mentally ill

Chapter IX—Jury Reports

“... With respect to Crownsville State Hospital ... nothing is mentioned requiring correction or attention.”

That is the way the Anne Arundel Grand Jury winds up a one-paragraph report on Maryland's only mental hospital for Negroes.

The date is April, 1948.

At Crownsville on that date more than 1,800 men, women and children were crammed into space meant for 1,100.

They were sleeping in attics, in basement-storage rooms, on the floor and two in a bed.

Sex offenders and young children shared the same quarters.

Four criminally insane men, armed with at least one knife, had just escaped because of a shortage of attendants.

No School For Children

There was (and still is) no school for the feeble-minded children kept there.

The hospital had only one nurse and eight doctors to take care of the 1,800, and curative treatment was gradually bogging down.

Those are just a few of the things that needed correcting at Crownsville at the time the Anne Arundel grand jurors reported to the people of the county that there was nothing “requiring correction or attention.”

Ten years previously—in October, 1938—another Anne Arundel grand jury was saying the same things:

“All departments seem to function smoothly and as nearly perfect as possible,” the 1938 jury reported. “The new children's hospital is a modern, well-equipped building in which much can be accomplished.”

“The State May Be Proud”

“The committee feels that this is an institution of which the whole State may be proud.”

Some other county grand juries give even less attention to conditions in State mental hospitals.

The Carroll County Grand Jury has not visited Springfield State Hospital, at Sykesville, more than twice in 30 years.

The Dorchester County Grand Jury has stayed away from the Eastern Shore State Hospital, at Cambridge, so long that the oldest employé, with 30 years of service, can't recall their last visit.

Until September, 1946, the Baltimore county Grand Jury paid no attention at all to the State mental hospitals within the county.

That year, at the insistence of Circuit Judge J. Howard Murray, the jury began making regular visits to Rosewood Training School and Spring Grove State Hospital.

Early Reports Superficial

Its early reports on these institutions were brief and tended to be superficial.

Occasionally, they contained a glaring error of fact. For example:

One Baltimore county jury reported that Rosewood had a population of 1,200 children between the ages of 6 and 16.

Actually, more than half of Rosewood's children" are over 21 and many are over 70.

Baltimore county's first really detailed report on the mental hospitals was turned out by the September term jury, in 1948.

That report concluded that "the State of Maryland is not assuming its proper responsibility in the care of those of its unfortunate citizens who are unable to care for themselves."

Reasons For Personnel Problem

The jury found that inadequate personnel was the basic weakness of this State's mental hospitals, and it declared the reasons for this weakness were:

"Inadequate pay.

"Pay and working conditions not on a parity with other State departments.

"Disagreeable nature of work.

"Long hours.

"Lack of living quarters and failure to provide maintenance allowance when quarters are not available.

"Legal restrictions to providing additional compensation in lieu of quarters and subsistence for those employes who wish to 'live out' with their families.

"Lack of transportation to and from place of work from nearest bus or trolley.

"Lack of State-supported personnel-training programs."

Report Filed Away

This report is now filed away with others in the Towson Court-house.

What is true of the Baltimore County Grand Jury is also true of the jury reports in Baltimore City, with few exceptions.

The city grand juries, unlike the county juries, have been visiting the mental hospitals for years.

But up until the publication of the September-term report last week, the city juries' reports had given chiefly only the barest hints,

or, at best, only a partial picture of the filth, decay, overcrowding and understaffing that are slowly paralyzing these institutions.

Here are some excerpts from city grand jury reports over the last ten years:

January term, 1948: "After having observed the four institutions (all except the Eastern Shore hospital) it is the unanimous opinion of your committee that each and every one is being managed and conducted along lines best suited to the work for which they are intended. . . ."

Check Of Hospital's Farm

This jury also gave much attention to the acreage of each hospital's farm, and to the number of hogs kept and the quantities of milk produced.

May term, 1947: The operation of Spring Grove "is outstanding."

"A good job is being done at Crownsville under circumstances that are not the best."

Concerning inmates of Rosewood: "All are humanely and properly treated and cared for."

The report of the September-term jury, 1947, was an exception to the general rule. Its approach was statistical, but realistic and detailed. Then the reports dropped back to the usual brush-off.

September term, 1946: Spring Grove was found "somewhat crowded," but "we found the grounds neat and tidy and we feel that this hospital is doing a great job under somewhat adverse conditions." (The report consisted of four short paragraphs.)

What Jury Visited

May term, 1944: The jury spent three hours and fifteen minutes at Spring Grove. It had a "delicious luncheon" with the superintendent. Then it toured the athletic field, infirmary, auditorium, employes' cafeteria and recreation hall and the criminal division.

It did not mention any of the hospital proper in its visit list.

It found "the condition of the buildings and grounds excellent."

This jury later spent just two hours at Springfield, and came away after another "delicious luncheon," "favorably impressed with the generally excellent condition of the grounds and buildings," and found "much evidence of efficient operation despite lack of manpower."

In their two hours at the hospital the jurymen ostensibly had inspected 49 buildings spread over 1,400 acres, and then found time for a luncheon and a talk with the superintendent.

January term, 1937: "We were much impressed with what we saw (at Crownsville) and have none but the highest praise for this institution and its able management. The committee feels that this institution is one of which the whole State may well be proud."

Last week, the September-term grand jury of Baltimore city submitted the report of its hospital committee, headed by Dr. William H. Triplett.

Struck Deeper

This report, prepared by a retired medical doctor, struck deeper than usual.

It pointed out that the lack of physicians, trained nurses and dietitians in the State's mental hospitals "reflects on the amount of treatment patients are receiving."

It recommended salary adjustments and new living quarters for the staff to help improve the personnel shortages.

It urged that new buildings be constructed to ease the overcrowding.

The report commented that the reports of other grand juries "have been falling on deaf ears."

The report was then filed away with all the other grand-jury reports, in the office of the clerk of the Criminal Court.

Chapter X—Who Pays?

Maryland's State mental hospitals are not "free" hospitals. The families of many patients pay for what they get.

The State also collects from the county treasuries and from the Baltimore city treasury for every mental patient sent to the State hospitals.

Last year the fees collected by the State amounted to \$1,192,739.

This was more than 22 per cent of the cost of running the hospitals.

But this money did *not* go to the hospitals.

Placed In General Fund

It was poured into the General Fund of the State treasury and used for general purposes.

This means that the figure quoted by the State as its outlay for mental hospitals is misleading.

The State Comptroller's report for the year ended June 30, 1948, showed the outlay for the hospitals as \$5,413,132.

But, since more than 22 per cent of this was paid back to the State in fees from families of patients, and from the city and counties, the actual expenditure of State tax money on the mental hospitals was \$4,220,393—only 78 per cent of the amount advertised.

The State's fee-collection system works like this:

For each mental patient admitted to a State mental hospital, the county from which he comes pays the State treasury \$125 yearly.

The city does the same for city residents admitted.

Families Are Assessed

Then the welfare agencies of the respective local governments investigate the financial status of the families of the patients.

If it is found they can pay, they are assessed a fee that may range from \$5 a month to as much as \$30.

The city and county treasuries keep the first \$125 collected from each family.

Everything over \$125 goes to the State, along with the original \$125 paid by the local government.

Out of the \$1,192,739 collected by the State last year, a total

of \$144,681 represented money collected by the counties over and above the \$125 per patient.

(The \$125 figure was fixed originally as representing 50 per cent of the cost of maintaining the patient. Today it represents about 20 per cent.)

Only 10 Per Cent Able To Pay

More than half the inmates of the State's mental hospitals come from Baltimore city.

Out of the 9,000 persons in the five institutions, 5,074 were city residents as of November 1, 1948.

The City Welfare Department was responsible for determining how many of the families of these people could pay fees.

Thomas J. S. Waxter, head of the department, says that his investigators judged only ten per cent of the families able to pay.

The city treasury paid the State treasury \$611,057.41 for the care of mental patients in State hospitals in 1947 (the latest complete figure available).

Families of the patients paid the city \$159,269.73 in fees that year.

The city reimbursed its own treasury out of these collections, up to \$125 for each family paying. Then it sent the remainder—\$75,496.50—to the State.

Thus, in 1947, the city of Baltimore and its residents paid a total of \$686,553.91 toward the operations of the State's mental hospitals.

In Addition To Taxes

This was in addition to their contribution in State taxes.

Baltimore county, with 540 patients in the State hospitals, paid the State \$67,500 and collected from families \$17,418.

In other counties the picture is similar.

The fees from families and local governments pay a sizable portion of the operating costs of each State hospital.

They take care of more than twenty per cent of the cost of running Springfield State Hospital at Sykesville.

They cover over nineteen per cent of costs at Spring Grove, nineteen per cent at Crownsville, more than eighteen per cent at Rosewood and over seventeen per cent at the Eastern Shore State Hospital.

Only Part Of Fund Used

Moreover, the fees cover the entire cost of the "boarding-out" program for recovered mental patients.

Under the program, the Board of Mental Hygiene places recovered patients in homes away from their own families to help them work their way back into society.

The State pays for their keep—the amount depending upon the amount of useful work the patient is able to do in the home where he is placed.

Last year, according to Joseph O'C. McCusker, deputy comptroller, the State set aside \$144,681—the entire sum it received over and above the required \$125 per patient—to pay for the "boarding out."

"Only part of this money was used," Mr. McCusker said. The rest went back into the treasury's General Fund.

It did not go to the mental hospitals.

Maryland's Shame

A Recapitulation

The investigation of Maryland's State mental hospitals has established these facts:

1. They are packed to the bursting point.

More than 9,000 inmates are crammed into space meant for 6,000.

2. Few of the 9,000 are getting any curative treatment at all.

At Springfield Hospital in Sykesville, only about 250 out of more than 3,000 are under treatment.

There are only thirteen doctors for the 3,000 patients at Springfield—one doctor for each 213 patients.

Thousands Live Like Animals

3. Thousands of State-supported patients live like animals.

Some roll in their own excrement on the floor at night.

Others sleep on thin, reeking mattresses on equally reeking floors because there aren't enough beds.

Scores in one hospital were found sleeping nude and on bare mattresses because the ward attendant had no blankets or sheets for them.

4. Many of the buildings are run-down and rotting; some are literally falling apart.

Meager appropriations—as well as neglect—are responsible.

5. All the hospitals are critically—even dangerously—short of attendants.

The State pays mental-hospital attendants \$1,000 less than prison guards.

Patients Grow Worse Instead Of Better

It requires most of them to live in the hospital buildings with their patients.

6. As a result of the shortage of attendants:

Patients grow worse instead of better.

Dangerous mental cases escape.

Denudative patients go naked.

Elderly patients fall and break their bones.

Attendants have been known to steal patients' money, solicit tips from relatives, get drunk on duty and even rape female patients.

7. Thousands of patients have nothing to do but sit. Frequently, there are no chairs for them to sit on. There is no large-scale organized occupational program to keep troubled minds off their troubles.

8. Patients are often not segregated, except by sex.

Sex offenders and small children live together.

Violent cases, epileptics, idiots and psychopaths are forced to rub elbows.

Only 12 Nurses For 9,000 Patients

9. More money is spent on food for criminals in some Maryland prisons than for mental patients.

10. Hundreds of inmate-workers are kept in the hospitals for years after their recovery because there aren't enough paid workers to take their places.

11. There are only twelve registered nurses in all five Maryland mental institutions—twelve nurses for more than 9,000 patients.

No effort is made to hire part-time nurses to fill the shortage, though some private hospitals solve their nursing problems this way.

12. Maryland spends \$1.81 a day to feed, clothe, house and treat its mental patients.

One of the less expensive Baltimore private hospitals spends \$14.30.

Maryland spends \$2.73 per capita annually on care of the mentally ill.

Massachusetts spends \$4.24; New York, \$6.67.

Worse Than "Bad" Hospitals Elsewhere

13. Maryland's mental hospitals are so bad that they make the "bad" hospitals of Massachusetts look good. For example:

Worcester State Hospital—at Worcester, Mass.—is about the size of Springfield. It has 2,850 patients; Springfield has 3,000.

But Worcester has 71 registered nurses and 40 to 50 student nurses; Springfield has just one nurse.

Worcester has 27 doctors; Springfield, 13.

Worcester is able to dismiss 90 per cent of the number of cases it admits; Springfield's best record is between 63 and 70 per cent.

Facts contained in the ten articles were gathered at first-hand and thoroughly checked.

Then, before any of the articles appeared in print, the first seven—which related directly to Maryland's tax-supported mental hospitals—were read by Dr. George H. Preston, chairman of the State Board of Mental Hygiene.

All revisions suggested by Dr. Preston as to matters of fact were made before the articles were published.