Objective- to give a glimpse of what a typical staff meeting would have been like, and a view on how patients and diagnoses were approached in the past at Morningside. The weekly staff meetings lasted about 45 minutes, with an administrative section and a medical section where psychiatrists shared patient cases and diagnoses for discussion. This script was taken verbatim from minutes between 1955 and 1958. The minutes are part of personal papers that were donated to the UO Archives by Dr. DeWitt Burkes.

We have attempted to include a variety of issues, ranging from problems of hospital administration to representations of patients of varying ages and diagnoses. Some of the medical terms used here are not used today, as they are from the DSM 1. Patient names are changed, but the substituted names reflect appropriate ethnic identities. Doctors' names remain the same.

Keller: Alex
Thompson: Ward
Coe:
Burkes: Laura
Dowling:

Mar 10, 1955

Attending: Drs. Keller, Thompson, Dowling, Burkes, and Mr. Henry Coe (owner of the hospital).

Dr. Keller: *opens meeting, asks if any corrections to minutes, agreed there are none*.

Dr. Thompson: *asks if there is anything new to be discussed, or anything which should have been discussed in the past.* Henry?

Henry Coe: Yes, regarding the recent barrage of newspaper editorials, also letters written to the editors from people in Alaska and published. There is a published letter almost every day, some stating that Mrs. Green should be praised for her interest in the Alaskan patients.

Dr. Burkes: I was under the impression the people in the know in Alaska are not anxious to have an institution in Alaska.

Coe: We need to decide whether or not we should attempt to put the position of Morningside Hospital before the people or let it ride, and hope that just doing a good job is enough.

Burkes: Perhaps we should let it ride and not make a controversy out of it.

Coe: It has already been made into a controversy. Also, there is a published letter from a physician in Juneau, referring to the meager facilities here. People in Alaska are just not informed.

Burkes: I believe the less said, the better.

Dr. Dowling: I feel we cannot defend ourselves, as far as ever getting in the last word.

Coe: All these accusations are strictly erroneous. We need to get our side of the story into Alaska, where there is also the problem of the affect upon the patient's families and friends who hear terrible things about Morningside.

Dowling: Perhaps, Henry, you should take a trip to Alaska, since you haven't been up there, and see what we face.

Coe: Yes, I have had this under consideration.

Burkes: Has anyone from the Mental Health Department been down here?

Coe: No, they have not.

Burkes: I also suggest it be mentioned in any publicity we have, that we are inspected by the State Board of Health in order to be licensed, and mention the other various organizations to which we belong, the American Hospital Association etc.

***All agree*.**

Burkes: *(continues*) We have received from the Department of the Interior a copy of Dr. Schumacher's report (*gives out copies*). The report itself has serious defects and certainly some very serious inferential defects. I would like all of your help in formulating a reply. (***everyone agrees***) Also, I can report that the new visiting room is almost completed, and the new admissions office is being started today *(explains more about the rooms).*

Mr. Henry Coe reported that the curtains are going up in the new Female Tuberculosis Ward, which will be ready for occupancy almost immediately. There followed a brief discussion as to the disposal of the building which formerly housed TB women patients.

Thompson: We have one administrative change in the case of numbers given patients who are admitted through agencies other than the Department of the Interior. These patients will now be given a number with one additional letter, which will indicate the agency responsible.

Coe: So, for further clarification, every patient admitted will then have a number with an appropriate letter following, unless the patient is admitted under the auspices of the Department of the Interior. I have advised them that when the monthly bill to that department is sent, the numbers will be included in order with the notation that this is not their patient. This new system will simplify examination lists and filing and such. Dr. Keller?

Keller: I agree; this will also take care of any gap that might occur in numbers.

Thompson: We have some personnel changes in nursing staff. Mrs. Day resigned and will be replaced by Mrs. Smith, as of today. She has a good psychiatric affiliation. The

nursing staff will be augmented by Mrs. Sunderland, who will appear on-duty on the 19th of this month. She is a graduate of the University of Oregon School of Nursing. The services of Mrs. Geary are being dispensed with because she has proved to be forgetful and unreliable, and unable to change from some of her old attitudes and habits to suit the needs of this hospital.

Keller: Has someone been hired to replace her?

Thompson: No, we now have one vacancy in our staff of registered nurses.

Burkes: Does this hospital hire colored persons? This problem arose in the State Board of Health when a Negro man applied for a certain job. The man's completed application form indicated he had not had the required training and experience, so he was not hired and told he did not qualify. He then went to Civil Service, which qualified him without checking with the State Board of Health. Next, he went to the Labor Relations Board and said he was refused employment because of his color.

Coe: Yes, this matter has been discussed and the policy adopted by the hospital is that any person who is qualified shall be hired, regardless of color.

Thank you everyone, now that the administrative matters are done, I will retire from this meeting as you continue with the medical section (*leaves*).

Burkes: Dr. Thompson, what happened to the patients recommended for disposition at the previous staff meeting?

Thompson: Of the thirteen recommended last month, eight have left the hospital and three are under investigation. The situation of Martha Killeen is such that tentative arrangements had been made for her to live in the home of an itinerant nurse employed by the Alaska Native Service, but when the nurse was contacted again, she was no longer willing to take the girl into her home. A social worker in the territory has been contacted and we are awaiting her reply. Patient Donald Stark's family and the Alaska Native Service have been contacted about his disposition, but no reply has been received.

Keller: Continuing to patient reports, I recommend for discharge patient Alexandria Kasparov, who was readmitted 6 years ago, and was a known paranoid hallucinating schizophrenic, who had delivered a child, illegitimate, en route to this hospital. She has a mental defective son in this hospital. The sociological problem of whether or not she will become promiscuous has always remained a problem. She has been well adjusted on hospital parole, and has maintained a good exterior in relationship to heterosexual contacts.

Burkes or Dowling: Jane Dixon. This patient was admitted on April 28th 1953, two years ago, and at that time was 25 years old and had a rather severe schizophrenia type of illness; hallucinations, hostility, aggressiveness, and pulled out her hair by handfuls. She has been on treatment almost continually since admission with a course

of ten electroconvulsive sessions in May, 1953, four in June, 50 insulin treatments within the next six months, and 113 ECT sessions following that on a holding basis, which were discontinued early this year. Prior to that she had weekly psychiatric conferences and during the time post-ECT, she did not develop another psychotic episode. I believe that probably the reason she had the hair pulling episodes is that she desired to be a man. During ECT, she was confused as to whether or not she was divorced from her first husband and was under the impression that she was not married to her current husband, but merely living with him. She bases her hospitalization on the fact that she had to work hard and lived in poverty due to multiple children. Her children are now in a foster home and I feel that this has given her relief from one of the precipitating factors of her marked psychotic reaction. She has come to the conclusion that the shortcomings of her husband are within normal limits. I feel that she is now recovered from her illness and is not psychotic at this time and should be discharged.

Thompson: Reporting on recent admissions….patient Rudolph Faral, admitted last week as follows: from the viewpoint of his general status, he is essentially a delirium tremens, a toxic psychosis. The diagnosis in the territory was alcoholic hallucinosis, with schizoid personality. He also had a positive chest X-ray for pneumonitis. His problem, the patient feels, is due to drinking, and this is most likely true. He is the son of Mary Kraft, who has been in this hospital for 25 years with a diagnosis of Korsakoff's Psychosis. Information accompanying Rudolph indicated that he is further addicted to alcohol. Dr. Keller has the next report.

Keller: Edward Ness; white male, 85 years old, born in Germany, went to Alaska in 1897 from California during the Klondike Gold Rush. At 75, in 1943, he located five claims which he figured were rich vein. The drainage in the area of his claims filled the hole with water, and when he tried to get equipment to eliminate the water, he found it was in use by the Army. He then hired a man to do some drilling. This man staked a claim in the middle of the patient's five claims. Hess protested, but the fellow merely told him to sue him if he wished. Ultimately Hess went to the place where the man was digging, they argued, with the result that Hess shot the man. He was convicted then of 2nd degree murder and send to McNeil Island Penitentiary. He developed pain in his abdomen after a couple years, and it was secondary to this that he attempted suicide by slashing his throat. While on parole from the prison, he made a second suicide attempt by the same means. His desire now is that he will have a physical illness that will cause his death. He says he will make no more suicide attempts because of the moral side, etc. He knows he has periods where he is confused at night. I believe he falls into the category of Chronic Brain Syndrome, due to senility, with psychosis.

Thompson: We are arranging with Good Samaritan Hospital to undertake more evaluation of our electroshock therapy program on those patients having convulsive seizures following ECT. Currently we find that ten times more patients with native blood have post treatment seizures than occurs in the whites. The seizures are easily treated,

and in time disappear, but still there is no way of finding out exactly what relationship there might be between epilepsy and our native population. The Parran report mentions that one Native Service nurse, in the territory many years, has never seen an Eskimo child have a convulsion even in cases where the fever reached 105 degrees. Less than half of the people on the Arctic plain have any medical attendance, even an RN at delivery and there is a known high infant mortality rate, the extent of the mortality is undetermined due to lack of facilities to find out over this wide area what actually happens.

Burkes: This research would make an interesting study in view of our patients

Thompson: Yes, a study is the next logical step since it is apparent it is impossible to secure accurate information from the territory. Perhaps the possibility exists that natives are so against epilepsy they commit everyone who has it.

*(**all concur**)*

Dowling: Patient Larry Douglas; seven-year-old boy with congenital club feet which had been placed in casts for nine months. He did not walk until three years of age, spent some time in and out of casts during that period and had pneumonia, at which time it was found he had fractures of the clavicle. He is not toilet trained, was mean to the younger children in his family, speaks but one word, 'mama' and it is questionable if he knows its meaning, can turn somersaults, had convulsions once with the pneumonia. He was on oxygen for 3 days following birth. Diagnosis: Mental deficiency, due to unknown cause, moderate.

Keller: Maurine Morehead; very acute, rather withdrawn depression type of response, food refusal for almost two days. Apathy and indifference, mood liability with tears but is gradually making some improvement. The previous day she suggested she should have ECT, although she is fearful of it. Her fear is justified somewhat, because somewhere else she helped with ECT as a patient, helping restrain other patients who were receiving treatments, and had been told at the hospital by attendant that people died sometimes from the treatment. She has been placed on amphetamine and seems to be improving.

Thompson: Newly admitted: Wright Cartman, 34-year-old white male born in Minnesota, raised in Iowa, where at fifteen was sent to the state vocational school for boys, probably for petty theft. The patient is vague and suspicious when asked for info concerning his background history. While serving a second term in the vocational school for boys, he was sent to the Clarinda State Hospital of Iowa. Upon his discharge, he was a transient for three years until he entered the Navy. On his first assignment, he went AWOL but received no punishment. He was assigned to sea duty in the South Pacific, but became so nervous that he was removed from the vessel at the first port of call. He was medically discharged and since then he has lived almost continuously in the Territory. About a month before commitment, he began seeing things in electric light globes and beneath magnifying glasses. He presents as a withdrawn, guarded

individual who refuses to develop history, especially in psychosexual and homosexual history. He has probably been schizophrenic since his teens, and diagnosis at this time is schizophrenic, paranoid type. There is also a questionable history of venereal disease. I suggest he be put on electro coma therapy.

Keller: I agree, this can begin tomorrow. Nellie Santay, admitted a year ago, is now 18. She has responded moderately well to treatment, but is far from being recovered. She is a shy, young native woman who presents a great deal of silly affect. I present her name today, as her sister from California, who seems to be a responsible person, will be visiting soon. I don't think the patient is dangerous but her probable prognosis is that she will be in the hospital a good deal more than she is out.

Dowling: James Farrell, patient on TB ward, had a massive hemoptysis but is now getting along all right.

Thompson: I would suggest writing an airmail to the family

Keller: Why don't you write to the patient's mother? She last heard from her son four years ago. By the way, when the time comes, I hope there will be a post-mortem performed on this patient; he has no liver discernible upon examination.

Thompson: He must have a liver; it would be interesting to know exactly where it might be (***all agree***).

(continues)

Richard Wilhart. His second admission to this hospital. First trouble occurred in his early teens at thirteen or fourteen. At the time, he was living in Illinois in a Baptist boarding school and developed homosexual trends. He had private psychiatric care there, subsequently was returned to the territory, then was committed here, still with his homosexual tendencies definitely present. He presented a simple, withdrawn, schizophrenic personality. He was discharged for three years, and the situation precipitating this second admission present commitment was the death of his stepfather. It appears that, all of the time he was at home between hospitalizations, he remained actively homosexual, withdrawn and unpredictable in his behavior. He presents as a schizophrenic reaction, simple type, chronic, moderate. He has grandiose ideas about what he can do with the thousand dollars he believes he has inherited form his stepfather. He believes he will buy a Lincoln and drive around the world.

Keller: Next item, from a very unreliable source, a mentally deficient patient had given information that patient Ben Hardy and patient Viola James had engaged in surreptitious activity in the root cellar, so that it seems prudent to more clearly define the limits of the ground privileges for women, to the area extending east of the infirmary building, west of the laundry, not west of the road behind Ward A, and the north boundary still being the edge of the property on Stark Street. Women will accompany

other women on grounds privileges, and for the next season of the year, the latest evening hour will be 4:00 PM.

Thompson: There has been some difficulty that has arisen over the disposition of patient Maria Anderson. She was being prepared for discharge, and it was found that she is about three-months-pregnant, and she has been repeatedly interviewed in an attempt to discover the exact source of the pregnancy, yet each story she gives varies greatly.

Dowling: I interviewed the patient, and she told me she had been having regular intercourse in the pig house with someone named George, who worked only on Fridays and who wore a white coat and trousers.

Thompson: She mentioned to me his name was Joe.

Keller: Dr Steir and I saw the patient, and she told us the man was George, a tall skinny man who wore white pants; and we checked and have identified two possible men it could be.

Thompson: This patient is quite well aware that she was hospitalized here for having an illegitimate child in Alaska, so she is probably deliberately covering up for her partner.

Dowling: In fact, she has denied that she is pregnant.

Thompson: Well, I believe this is about all the information we will gain, considering this woman's unreliable stories. Dr. Keller, do you have any suggestions?

Keller: I don't think this investigation is very thorough. This patient was sure the man's name was George.

Thompson: Well then, what do you suggest we do next?

Keller: We should ascertain who has associated with her, patient, attendant, employee, etc, and if there is any question of someone's being negligent in his duties, some disciplinary action should be taken. The attendants are supposed to keep track of the patients' menstrual periods, and Maria missed several without this being reported. It should be discovered why this wasn't observed and why something was not done about it.

Thompson: The patient is approaching menopausal age, and it is difficult to keep track of women with irregular periods.

Keller: Well, this is not something that can be ignored because, sooner or later, there will have to be an accounting.

Thompson: What can be done of the guilty party is found?

Keller: Nothing much can be done in the case of the patient, but the fact is that it happened and probably should have been prevented. The larger difficulty is in delay of

placing the patient and of future possibilities, including the possibility of having a child on our hands…

Thompson: We have agreed in the past that the privileges for women are given as a calculated risk.

Burkes: The hospital is quite fortunate that this sort of incident has not been more frequent.

Thompson: Yes, right, but that may not explain it away to some people. Let's get the report of the stories and let others draw their own conclusions.

All: Yes, agree, that's all that can be done.

Thompson: Whether she is pregnant or not, she is still a candidate for disposition from the hospital.

Dowling: Is there a possibility for aborting the patient?

All: I'm not sure, don't know where to proceed, etc. I think it best to leave it undone; leave the situation as it is. Yes, agree.

Keller: There are no more patient reports. Any other business for today?

Burkes: Yes; I would like to request that this statement from me be incorporated into the minutes of this staff meeting: in my opinion, the patients allowance fund as set up and now operated at this hospital is a most desirable procedure which undoubtably has some therapeutic value. It would seem to give the patient some feeling of usefulness and belonging, as it were, or being a functioning part of this institution.

Keller: Certainly. If there are no further matters for discussion, this meeting is adjourned.