



*Seven*

# CHALLENGES

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*A Report on Conditions in  
the State Hospitals of Texas*

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Condensed from newspaper articles and editorials,  
and prepared with the co-operation of the State  
Board for Hospitals and Special Schools

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THE HOGG FOUNDATION FOR MENTAL HYGIENE  
THE UNIVERSITY OF TEXAS  
AUSTIN

## ACKNOWLEDGMENT

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Abilene Reporter-News, Amarillo Daily Times, Austin American-Statesman, Corpus Christi Caller-Times, Big Spring Herald, Dallas Morning News, The Daily Texan, Houston Post, Lubbock Avalanche-Journal, Marshall News-Messenger, Mt. Pleasant Daily Times, Paris News, Port Arthur News, San Angelo Standard-Times, Waco Tribune-Herald, and Wichita Falls Times.

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The state hospitals of Texas are seven monuments to shame, constructed of the stone of neglect and the mortar of indifference. The need for improvement now constitutes seven challenges to the citizens of Texas.

Exactly twenty-six years ago the number of mental patients first began to outgrow facilities of the hospital system. Each year since has seen conditions grow worse. Buildings have become dangerous and unlivable; doctors have quit and others have not come in sufficient numbers; modern medical equipment has not been obtainable.

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This winter hundreds of mentally ill people in Texas state hospitals are sleeping on open, windswept porches and on cold, concrete floors. Look at the pictures on the following pages.

The hospitals have overflowed and there is not enough space to give each patient a bed, even if beds were available. Why? Because Texas has 16,000 mental patients, and, by reasonable medical standards, room for only half that number.

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Thousands of sick people who need nourishment are eating chilled, tasteless food this winter. The hospital dining rooms are too small, and the kitchens have neither enough food nor the proper facilities to prepare what they do have. Why? Because the hospitals must feed patients on an average of 47 cents a day, and sometimes for as little as 21 cents. And there are no funds at all for enlarging the kitchens.

The rest of the sunless days the thousands of forlorn and hopeless creatures who once were useful citizens sit and stare at the empty walls of murky basements and cheerless corridors. Why? Because most of them have no recreation rooms, no handicraft shops, no special therapy clinics. The few facilities that are available can hardly be used because there are not enough attendants and nurses.

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The average patient in a Texas state hospital has one chance in 280 of seeing a doctor. There are too many patients for each physician. In at least one hospital the chance is one in 750.

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There are nine principal methods which American doctors are using to treat mental illness. Doctors in Texas state hospitals say that not a single one of these nine methods can be used adequately because of personnel and equipment shortages.

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These are some of the conditions which exist throughout the state hospital system. What are things like in each of the seven hospitals at Abilene, Austin, Big Spring, Rusk, San Antonio, Terrell, and Wichita Falls? Turn the following pages for close-up views . . .

## Abilene State Hospital

At the turn of the century, Texas set out to build the finest hospital possible for the treatment of epileptics. The most modern plans were brought from Europe and in 1903 the Abilene hospital was opened on the clear, crisp plains of West Texas.

But the doctors discovered almost at once, to their dismay, that the buildings—European plans or not—were not only ugly and inconvenient, but were actually dangerous for epileptic patients.

Built in three or more stories, the buildings contained steep staircases such as those shown on the opposite page. This would have been a handicap for any hospital, but for an epileptic hospital it was a tragedy. In the years since, more than a few patients have had seizures on these high stairs and have fallen to their deaths.

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Abilene has no opportunity for research—not with more than 1,300 patients and only four doctors. Nor is modern equipment available. The hospital does not even own an encephalograph, the most basic instrument for diagnostic work with epileptics.

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The most that the Abilene doctors can do is to reduce the number of convulsions which a patient will have. They must rely almost wholly on drugs. Other things, like occupational therapy and recreational programs, could help a great deal in relieving some of the nervous tension which is thought to cause many of the seizures. But shortages of both personnel and equipment, make only a rudimentary program possible. The only occupational therapy class, for instance, is in needlework.

Abilene has an added difficulty because about 80 per cent of the patients, besides being epileptics, are mentally deficient. Feeble-mindedness is by no means a characteristic of epilepsy (many epileptics, both in the hospital and out, are brilliant thinkers) but both maladies are seated in the brain and they sometimes appear together. This doubles the burden of caring for the patient.

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Abilene is estimated to be about 53 per cent over-crowded. Last year it completely ran out of beds and refused admission to at least 25 cases officially designated as "urgent." The situation is made worse by the fact that there are hundreds of epileptics who have been improperly committed to mental hospitals. (San Antonio State Hospital, for example, is estimated to have about 300 epileptics). Also, Texas has no place for Negro epileptics. Those now under state care are in the mental or penal institutions.

Texas has a law which says no bed-ridden patients can be admitted to the Abilene hospital. The doctors call it absurd, but to show how desperate is the situation, they must take advantage of it to turn down many helpless patients. This they justify by saying the hospital is so short-handed that a patient who could not help himself would be neglected.

## Abilene State Hospital



This was the latest thing in hospital buildings in 1903. But from the day it was opened it has been a deathtrap for epileptic patients. Several patients have had seizures on the staircases in this building and have fallen to their deaths. Many others have been hurt. Every ward building at Abilene has two or more floors. Dr. John L. Otto, an authority on epilepsy studied the needs of this hospital last fall, and one of his strongest recommendations to the State Hospital Board was that all future buildings be built on the ground level, and with ramps instead of stairs. This would not only prevent accidents and deaths but would help to relieve the nervous tension which many doctors believe provoke many epileptic seizures. The need for special planning of state hospital plants is vividly illustrated at Abilene.

A patient can fall as far as fifty feet down flights of stairs such as these on a women's ward at Abilene. There is no water on the upper two floors of this four-story building, so patients must come down to bathe, and carry pails upstairs to scrub the wooden floors. Doctors have tried for years to get the stairs covered with foam rubber, or some sort of soft matting, but there has never been enough money. During the past two years, in fact, it has been necessary to buy food and medicine with the funds which would normally be used for repairs and upkeep of the buildings.



## Austin State Hospital

The oldest mental hospital in Texas lies within the shadow of the great granite dome of the State Capitol. One of the first buildings, erected in 1857, still houses the main offices of the Austin State Hospital, and more than 300 patients as well.

Austin, besides being the oldest, is also the largest hospital, with more than 3,100 patients. The unofficial "capacity" of the hospital is listed as 2,810. This figure has been upped several times in the last 25 years (the "capacity" was 1,700 in 1924) without any appreciable expansion of patients' quarters. Recent surveys reveal the rated capacity as 2069.

One ward at Austin was built for 110 beds. It now has 211 patients. A tuberculosis ward which should have eight beds now has 22. The hospital long ago ran out of porches, halls, and basements in which to cram more beds. But the patients kept coming, and rather than let them languish in county jails the doctors began putting them in double-deck bunks. Many of the dark, musty wards have beds packed so closely together that a rat (of which there are many) cannot squeeze between.

Austin has seven doctors—one for every 430 patients. With an overload like this many patients go days, and sometimes weeks, without seeing a physician. Only two therapies (drug and electro-shock) can be used at all extensively, and these may be administered only under underload like this, many patients go days, and sometimes weeks, without sirable circumstances. The electro-shock treatments, for example, are given in an assembly-line manner by lining patients up on a row of mattresses on the floor and simply moving the therapy machine down the row. The treatment, though beneficial and painless to the patient, is not pleasant to see, yet the mental patients must watch others get treatment before their turn comes. There is no other place to take them.

Although the hospital is inside the city limits of progressive Austin some of the most primitive living conditions still exist for both the patients and the attendants. Doctors fare little better. Several small houses for physicians were started more than a year ago, but were abandoned when the walls and roofs were barely up because the money ran out.

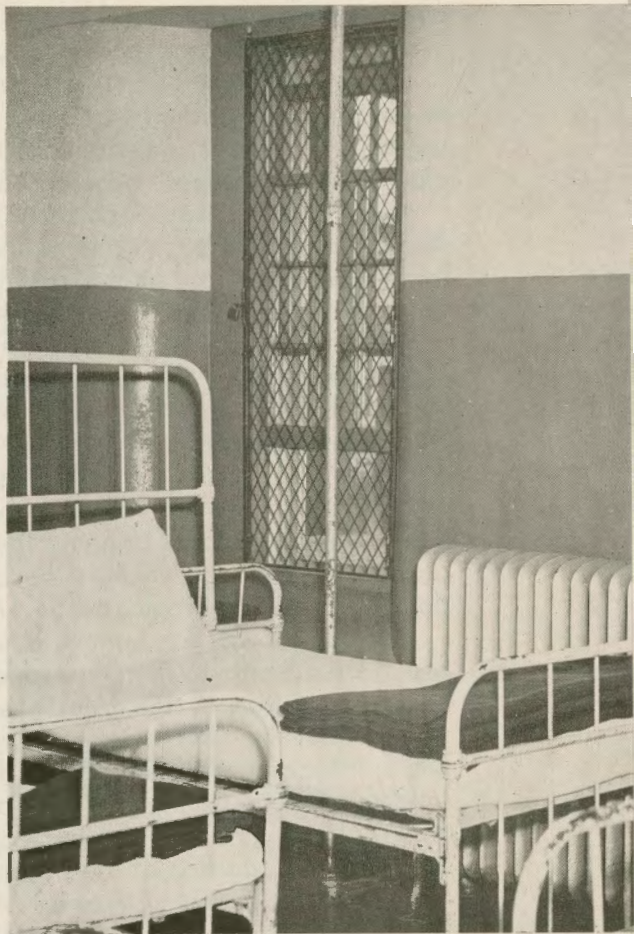
The overload of patients places a back-breaking burden on the machinery of the hospital as well as on the human workers. For example, the electric plant is so taxed that it is necessary to turn off lights in some of the buildings in order to run a vacuum sweeper. The laundry cannot keep the bed linens clean. The kitchen has to feed patients in shifts. (Austin spent an average of 41 cents a day for each patient's food last year).

The Austin hospital is set in a beautiful park so spacious that deer roam among the shade trees. But the men and women who have come here to regain their health seldom can enjoy the park, because there are not enough attendants to accompany them on the grounds.

## Austin State Hospital

Tired and sick minds, flooded with confusion, need to rest in an uncluttered world. The crowded rush of today's living must be locked out of this world—but the locks and bars ought not to be a constant reminder to the mental patient of his illness. The best mental hospitals are those which give the patient, along with individualized medical attention, the greatest amount of freedom in a quiet, unrestricted atmosphere. The pictures on this page show this atmosphere does not exist at the Austin State Hospital, and the situation here is typical of all the hospitals. There is not one single spot in which a patient is out of sight of either a padlock or a grilled window (right). As for cluttered confusion, this basement ward for women (below) outdoes any troop-carrying ship the GI's saw during the war.

The Austin hospital long ago ran out of porches, halls, and basements in which to flop extra beds. As the overflow of patients grew more acute, there was nothing else to do but (as one doctor put it) "stack them in layers." It is not, in a reasonable sense, good hospital technique.





## **Big Spring State Hospital**

Big Spring State Hospital is like a breath of fresh air in the fetid atmosphere of Texas mental institutions. It is the system's newest, having been opened in 1939, and could, with comparative ease and reasonable expense, become one of the Southwest's finest treatment centers.

But today Big Spring is only an embryo hospital. It can take care of fewer than 500 patients, because most of the plant is still on the drawing boards. Two wards, the administration building, and a therapy building, plus some employees' quarters, are all that now exist.

The West Texas population has increased many fold during the past decade, and with each year the need for expansion of Big Spring hospital has become more acute. Today this institution is able to accept only one out of three West Texas patients who should be treated here. The others must go to Wichita Falls, or as far away as Austin or Terrell. This is not good, because one of the best aids a mental patient has in getting well is the knowledge that he is not too far from home, and that his friends and relatives can visit him.

The Legislature has been asked for the money to triple the size of Big Spring hospital. Four more wards, matching the two now in existence, would be added, bringing the patient capacity to nearly 1,500. The cost of the project, which is the biggest item in the present hospital expansion program, would be \$4,475,000.

Expansion at Big Spring, according to those acquainted with the entire state hospital system, is especially desirable for two reasons. First, as already mentioned, the West Texas population demands a larger hospital. Second, the path for expansion has already been carefully prepared at Big Spring, and the building could proceed immediately with great efficiency. As one example of the forethought given to this hospital, the steam-power plant is set far back of the building area. There is plenty of room for the addition of more wards, so that power can still be pushed forward in an economical series of straight pipes. (Compare this situation with the description of Terrell hospital's power plant, on page 16).

The power plant would need only a few minor modifications to care for new additions to the Big Spring plant. The hospital ward for the acutely ill already is large enough to handle an increased capacity, and so is the well-equipped therapy building. Big Spring has one of the finest operating rooms of any hospital, state or private, in Texas. With proper additions, some of the system's doctors think, Big Spring might become a specialized surgery center.

When expansion does come, Big Spring's biggest problem is likely to be that of obtaining enough qualified personnel to use the fine buildings and equipment.

Today Big Spring has but two doctors, including the superintendent. And, although there is some excellent therapy equipment, (fever, hydro-, etc.) it is not being used to full advantage because there are too few trained therapists.

## Big Spring State Hospital



This Big Spring ward is an excellent hospital building. It is airy, easily kept clean, and specially designed for the care of mental patients. Texas has one other like it. Both house about 300 of the state's 16,000 mentally ill. The Big Spring hospital, opened in 1939, was designed so that six more wards like this could be added when needed. The booming West Texas population has already created the need, and the Legislature has been asked for the money to expand. The expansion cannot come too soon. Big Spring is already forced to send more than half its applicants to Wichita Falls and other hospitals.

One out of every three patients in Texas mental hospitals is a senile—a person whose mental illness has come with old age. The hospitals can do little but make these patients as comfortable as possible, for they will never again go home. Unfortunately, with no other place to go, thousands of old folks like these shown on a Big Spring ward are taking up hospital beds that might be used to help younger patients get well. Special homes for the aged would be cheaper to operate and the patients would be happier in them. The senile problem should be carefully considered in planning the expansion of the state hospital system.



## THE CRISIS NOW

Sixteen-thousand people with sick minds are now in the seven Texas state hospitals. There is adequate room for no more than half that number, and if desirable standards—such as those of the American Psychiatric Association—were met, the buildings would house no more than 6,000 patients.

Every basement, every hall and porch wide enough for a bed, every lobby and recreation room has been pressed into ward service. Never before in the 100-year history of the state hospital system has the shortage of space been more critical than it is today.

In every institution, and in the system as a whole, there are three basic problems. These are shortages of (1) living room; (2) personnel; and (3) equipment.

Simplified further, it might be said that the one fundamental shortage is that of money. The state hospitals have been starved for the past quarter-century. While the patient population has almost tripled there has been practically no addition of bed space. Buildings once condemned and abandoned have been pressed back into use; others which might have been salvaged with reasonable expenditures for upkeep have deteriorated to a point beyond reclamation.

The daily expense last year at the Abilene State Hospital was about 49 cents for each patient. Of this amount it was necessary to spend about 45 cents daily for food. This left 4 cents for medicine, equipment, upkeep, and all other expenses except salaries.

During these years of physical deterioration a small group of devoted, indefatigable doctors and administrators has managed constantly to improve the quality of the hospital personnel. This has been done in spite of ridiculously low salaries—which even today are greatly below those paid doctors, nurses, and attendants in comparable hospital jobs.

Several times last year mental patients were lodged in Texas jails for days and weeks because there were no beds for them in the hospitals. The doctors are desperately afraid that this situation will become common in a very short while unless work is started immediately on new buildings.

It is thus obvious that these basic problems have but one basic solution: the appropriation by the Legislature of enough money to build enough wards to give the patients a decent chance to breathe healthful air; to increase salaries so that enough competent doctors, nurses, and attendants can be found; and to buy the proper food, medicine, and equipment.

The first steps toward solving the problem have already been taken. Last summer the Legislature greatly increased the hospital appropriation for operating expenses. And, of great importance, the Board for Texas State Hospitals and Special Schools was formed.

The Board has plunged forthrightly into the job of straightening out the mental hospitals. It has enlisted the advisory aid of The United States Public Health Service, and of other organizations and individuals. The special session of the Legislature this month will get the reports which have been prepared by these special agencies. The recommendations contained in these reports are those of experts, impartial and objective. If the state hospital system of Texas is to come out of the present crisis the recommendations of these experts must be considered carefully and acted upon in a courageous manner.

## THINKING AHEAD

A generation of neglect has put Texas mental hospitals in a condition that will require years of the most concentrated effort to relieve. The problems of overcrowding, understaffing, and lack of equipment will need full emergency attention. Thus, any long-range planning must at this time be distinctly secondary to the immediate relief of the hospitals.

But, though it must be secondary at this time, this long-range planning is vitally important to the ultimate development of an adequate hospital program. It has direct bearing on the most fundamental question which doctors, administrators, and social workers are asking today, "Must we keep building hospitals indefinitely? Is there any relief in sight for the ever-increasing burden of caring for the mentally ill?"

The answer, the only one available today, is problematic. Many of the causes of sickness in the mind are still unknown to medical science, although prodigious strides have been made during the past 30 years. Thus the number of mental patients must continue to increase until science has turned the balance.

One of the highest hurdles has almost been taken: the acceptance of "insanity" as an illness which can be treated and cured. As a direct result of this better understanding, those with minor mental disturbances have been encouraged to seek treatment before the sickness could become serious.

Time is a very important factor in the treatment of mental illness, as in most other sicknesses. The earlier treatment can begin, the better chance a patient has for a quick and permanent recovery.

Progressive states (such as California and New York) are depending more and more on small psychiatric centers which can concentrate on early treatment of mental patients. An amazing number, according to the records, are saved from commitment to a regular mental hospital by this early treatment.

The psychiatric centers may be small hospitals in themselves. Texas has one of these at The University of Texas medical center in Galveston. Or the centers may be psychiatric wards in city and county hospitals, large enough and well equipped enough to give treatment as well as diagnosis. Houston has such a ward, and it is sending many patients home who might have gone on to a mental hospital had they been in another community.

The doctors who have worked in these centers believe that a great deal of the treatment could be done on an out-patient basis.

Of course, as the population of Texas increases, and as medical science lengthens the life span still further, there will inevitably be an ever-increasing number of patients who will need beds in mental hospitals. But this increase can be greatly slowed by use of the psychiatric centers and by improvements in the hospitals themselves.

The present need for a doubling of the hospital facilities in Texas should not be taken as an indication for future needs. It must be realized that no improvements have been made in Texas hospitals for a generation. This neglect must be made up before a new start for the future can be made.

## Rusk State Hospital

Until 1919 the Rusk State Hospital was the Rusk State Penitentiary. One fine spring day in that year all the convicts were moved to another prison and into their cells went the mentally ill.

Thirty years ago there wasn't too much distinction drawn between the two categories of "state wards." In the intervening decades much has been done to change the physical appearance of Rusk, as well as the philosophical and scientific attitudes toward the purpose of the hospital. Window bars have mostly been replaced by grilles, and the old 15-foot prison wall has been torn down and the remnants used to cross-breed new buildings. Doctors and attendants have developed, especially in recent years, a spirit of co-operation between themselves and the patients, and many are today getting well.

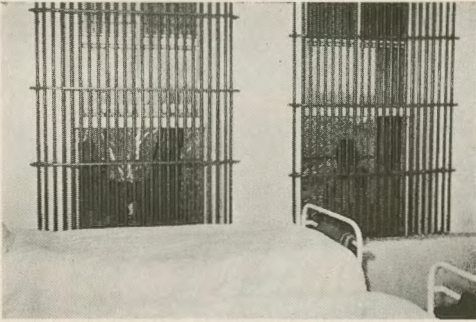
Yet Rusk is still more of a detention home than a hospital. There are only six doctors for 2,500 patients. And there is room for only 1,760 patients. Where do the extra 740 sleep? As in other hospitals, they have taken up space that once was given to recreation and relaxation purposes. In some ways Rusk has had a harder time than other hospitals in adapting itself to overcrowding. Designed as a penitentiary, the older buildings do not have spacious porches on which to place emergency beds. Several times during last year new patients who had been committed to Rusk had to wait days in East Texas jails while the doctors scouted around for space to put extra beds.

The doctors at Rusk, with the help of some excellent attendants and supervisors, have developed a working co-ordination between the staff and the patients which is possibly the best in any Texas state hospital. There is a certain spirit among the patients, from the badly deteriorated to those almost ready to go home. They have been enlisted in the effort to help themselves get well, and this, in mental illness, is of great importance.

Other improvements which Rusk is urgently requesting: A special ward for the tubercular who are now scattered throughout the hospital; the addition of kitchen facilities to each of the principal wards, so the present system of carrying food from a central kitchen can be discontinued; an expanded laundry; and housing for physicians.

The men of Rusk have done a remarkable job of relieving the hospital's inborn penal atmosphere. But some things the doctors could not change, such as the stony appearance of the cells. Others they could not control, such as the influx of the mentally ill and the weary procession of seniles. Between the unchangeable and the uncontrollable, Rusk has all but lost a courageous battle to build a good hospital. But the attempt can still be salvaged if more buildings, more doctors, and more money for operating expenses are provided.

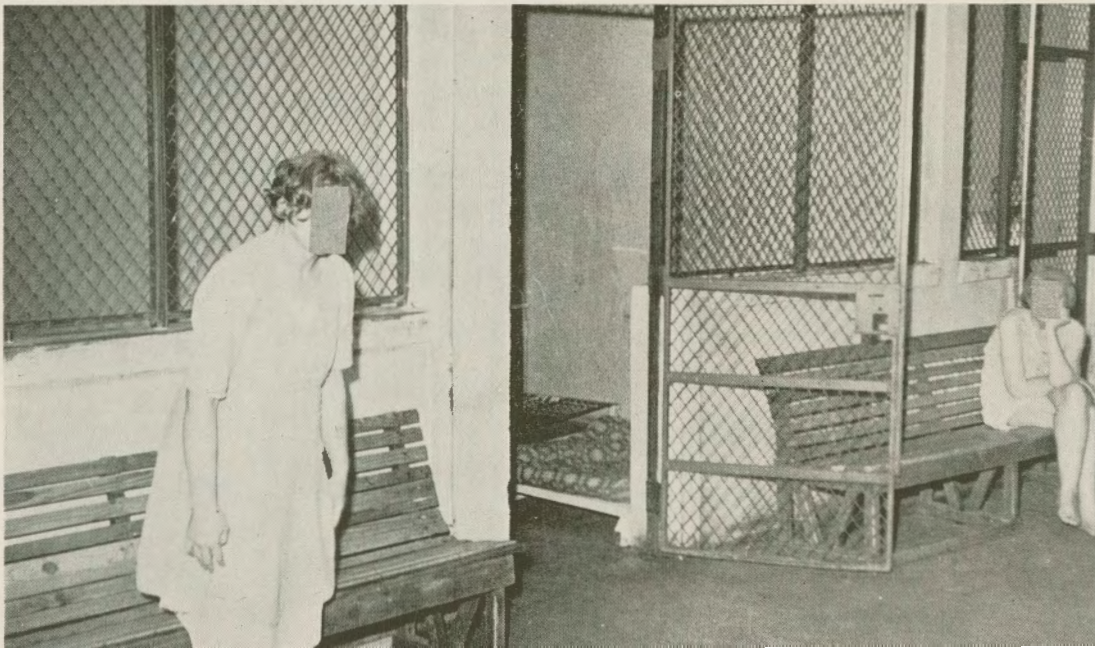
## Rusk State Hospital



Iron bars do not a hospital make. Modern doctors realize very clearly that insanity is an illness to be given medical treatment, not a crime needing imprisonment. Texas doctors, though, have a hard

time avoiding the penal atmosphere when the hospital buildings were once used as a state penitentiary. These barred windows at Rusk are grim reminders of the day—just 30 years ago—when it was thought that the needs of the mentally ill were not much different from those of convicts. Much of the penitentiary atmosphere remains imbedded in the stone and mortar at Rusk.

This was a cell block in the days when Rusk was a state penitentiary. It is still a cell block today, although the doctors euphemistically call it a hospital ward for women mental patients. The complicated lock is no longer needed on the cell door, but not much else is changed. The sick even sleep on the prison-type wall bunks, one of which can be seen just inside the cell. This is not, the doctors say, the best kind of atmosphere in which a mentally ill person can be expected to get well.



## San Antonio State Hospital

San Antonio State Hospital, with more than 2,900 patients, is the second largest in the system. Like Austin, it is set in a spacious park with well-kept lawns and lots of trees. But, like Austin, the park is seldom used by the patients, because there are not enough attendants to help them use it.

Most of the misery at San Antonio centers around the Main Building. Its long, windowless corridors and bare-walled rooms are divided by steel doors into "wards." The patients are assigned to wards according to the seriousness of their illnesses.

In the Main Building one women's ward has an assigned capacity of 600 beds. In November it had 1,073 patients. In the men's wing there were 913 patients, with room for only 400.

Probably the biggest bane at San Antonio is the huge central dining room which feeds 1,600 patients three times a day. Meals are served in shifts, with the patients in best condition coming in first. Then, as the more deteriorated groups begin to file through the cafeteria line the dining room becomes a cavernous bedlam. The doctors say that one meal in this place can undo weeks and months of careful psychotherapy.

The doctors would like to decentralize the kitchens and dining rooms. Also needed: more occupational therapy facilities (there are practically none at present); a chapel (mental patients, like other sick persons, often turn to religion for their chief comfort); recreation rooms; and, of course, more dormitory space.

San Antonio has four psychiatrists on its staff of 11 physicians—which is quite good in comparison to other Texas state hospitals. But 2,900 patients should have the attention of at least twice this number of doctors, according to minimum American Psychiatric Association standards.

There are many sick people at San Antonio who should be in other institutions. These include at least 300 epileptics who need special treatment and are not getting it here. Others who have no place in this or any other regular mental hospital are about 20 chronic alcoholics, 10 drug addicts, and a few adjudged criminally insane.

Doctors at this hospital are desperately afraid that the time is very near when there will be no more room for new patients. Last summer, when the Legislature was wrangling over hospital appropriations for new buildings, one physician wrote, "Our only hope is that the buildings will be given us. But God only knows what we will do with the steady increase of patients while the new quarters are being prepared." That was six months ago, and San Antonio still has no new buildings. The mentally ill may soon start piling up in the jails of South Texas.

## San Antonio State Hospital



Insanity is a very personalized sort of illness. It may be caused by many different things, but each patient has his individual reason for not being able to "adjust to society." This individualized illness needs individualized treatment. But this is impossible in dormitory wards such as this one at San Antonio. It has twice too many beds, by American Psychiatric Association standards. The sea of white sheets gives the patient no sense of security, no feeling that her personal problems are recognized and that she will get help in solving them.

San Antonio long ago ran out of floor space for more beds. Now crowded to more than double its normal capacity, this hospital must resort to putting mattresses on the floors at night. In the daytime, as shown in this picture, they are stacked up so the patients will have room to walk about. The mattresses in this picture are made of straw because the hospital has had to economize during the past two years in the face of rising prices for food, medicine, and other essentials.





## Terrell State Hospital

The Terrell hospital, just outside Dallas, is probably the system's Exhibit "A" in poor planning. The amazing lack of perception shown in the construction of Terrell is one of the big skeletons in the state's medical closet.

Even the site on which the hospital stands was a poor choice. Because of geologic quirks in the ground, foundations of the buildings have been shifting since they first were laid 65 years ago.

Terrell really wasn't designed. It just grew, like Topsy, and therein lies the root of trouble. Hospitals, like any other big concern, must have organization. Terrell has none. It is a haphazard jumble of scattered storehouses, kitchens, offices, and wards.

The consequence of this lack of forethought is aptly demonstrated by a look at the hospital's power plant. At the turn of the century the boilers could efficiently push steam to the small cluster of buildings around it. In the intervening years, however, it has been surrounded and hopelessly overburdened. The plant has no room for expansion, and it cannot get up enough power to feed the tangle of steam and water lines that rush off in every direction. It is stuck, and the Terrell hospital is stuck with it.

The men who built Terrell did not gain much understanding of their problem over the years, as the picture on the opposite page shows. The newest building, finished in 1943, put the penal atmosphere into brick and plaster.

Terrell now has about 2,100 patients. There are some 713 others assigned to the hospital who are being cared for in other institutions while one wing of the 60-year-old main building is being replaced. Other buildings still being used are unsafe. One ward was condemned several years ago and the patients were moved out, but it has now been pressed back into service, housing 77 women. The segregation ward for active tubercular patients has exactly 14 beds; hundreds of patients with the communicable disease are sleeping in the regular wards. Equipment in the hospital for the acutely ill is antiquated, in poor condition (the sterilization boiler is rusted through), and less than a third sufficient. There is no dental laboratory, no X-ray equipment.

The personnel situation is no better. Terrell does not have a single graduate nurse. The eight doctors carry practically all the load of treating the patients as the hospital has no specialists in any of the therapies.

Those who have studied the situation at Terrell feel that the hospital should not be expanded. But it will have to be gradually rebuilt and individual units—such as the tuberculosis ward—will have to be enlarged. Nurses must be found, and more doctors, attendants, and specialists must be attracted to Terrell before it can properly be called a hospital.

## Terrell State Hospital

This spic and span hallway is in Terrell State Hospital's newest building, opened during the war. Bars and locks are the kind of "hospital treatment" most in evidence here. The doctors are already overworked and short of medicine and equipment. They are further hampered by having to overcome the deep resentment and confusion of mental patients who are placed in this sort of penal atmosphere. Of course, the doctors agree, mental patients must be locked up, because often they are in no condition to care for themselves or control their actions. But bars and locks can be minimized by careful planning. Hospitals in other states have managed. This is another example of the need for careful planning on all levels of design and operation of mental hospitals.



## Wichita Falls State Hospital

The biggest problem confronting the Wichita Falls hospital is the finding of trained, reliable personnel. This institution is the most remote of any of the state hospitals, being located six miles from the town for which it was named. There is no regular transportation service for employees to get to or from the hospital. The institution has no recreation facilities, and the living quarters, dormitory-style, are crowded and unpleasant.

Wichita Falls, in its 30-year history, has had a long series of untoward incidents because the hospital often has had to hire attendants and supervisors who were unqualified for the delicate work with mental patients.

The majority of the employees at Wichita Falls today are doing an excellent job and they are the first to resent having to work with those few who discredit the hospital's reputation.

It has been just as hard to attract qualified doctors. The hospital is lucky now to have a staff of six capable men, but each of these is making great sacrifices to remain. Each doctor must treat more than 400 patients (total population: 2,582). There is no time for research, an inadequacy of equipment, and an unattractive salary scale (\$3,444 per year).

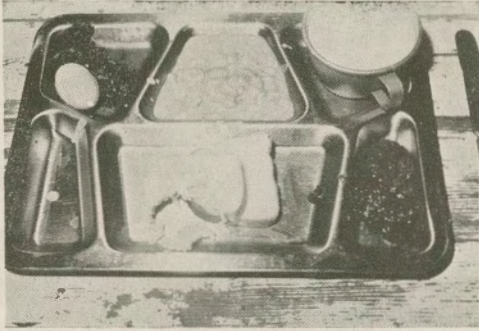
The physical plant at Wichita Falls is, compared with the rest of the system, in fairly acceptable shape. The buildings, if not the best-designed, were at least planned with mental patients in mind. Most of them have individual kitchen and dining units. Bars and grills are at a minimum, and sleeping rooms are well-ventilated.

But overcrowding has wiped out most of the advantages which Wichita Falls had in its plant. As the pictures show, patients are sleeping on mattresses strewn on porch floors. The laundry, though recently enlarged, still is not able to serve twice the number of patients for which it was planned. The hospital's water reservoir is in critical disrepair. Tubercular patients, as in most of the other hospitals, cannot be segregated.

In 1945 fire broke out in one of the wards. Five women patients, locked in a second-story room, died because nobody could get to them. There were no fire escapes then, and there are none on the building now. The new State Hospital Board is well aware of the fire hazards in all the institutions, however, and has ordered escapes and other precautions added as soon as possible.

If more and better employees can be found, and the overcrowding relieved, Wichita Falls has a good chance of becoming the good hospital it was planned to be 30 years ago.

## Wichita Falls State Hospital



An average of 47 cents a day was used to feed mental patients in Texas hospitals last year. When the hospitals are lucky enough to find some surplus or unwanted food on the market a sustaining meal can sometimes be served for the allotted 12 cents. Some of the hospitals try to supplement their buying capacities by producing some of their own food. This tray at Wichita Falls has an egg on it because the hospital has a well-equipped chicken farm. Terrell has an extensive hog farm, and Austin raises a small amount of its vegetables. But food costs are still so high, and appropriations so meagre, that the metal trays thrust at patients three times a day often are not very well filled.

Wichita Falls, like the other six hospitals, has overflowed onto halls and porches. The mattresses shown in the background of the picture below are spread on the floor at night. During the winter, when the porches cannot be used, some Wichita Falls wards have four times as many patients as can be cared for. Crowded conditions are made worse because there are no adequate facilities for segregating patients with active tuberculosis and other contagious diseases. These must be scattered around on the regular wards.



THE TEXAS POLL:

# Public Realizes Need of Aid For Mentally Ill

BY JOE BELDEN  
Director, the Texas Poll

The Texas Legislature will be working before an appreciative public when it undertakes the job of improving the state's mental hospitals.

Obviously as a result of the far-flung campaign of information that has preceded the special session, most Texans are aware of the overcrowded conditions in the hospitals.

Six out of every 10 adults questioned in a statewide survey by the Texas Poll say they have recently heard or read about the mental hospitals. Among these recently informed people, there is practically no doubt that our hospitals today are inadequate to take care of everybody who needs treatment.

For several months newspapers, radio stations, and civic organizations have been telling the public about shameful conditions in the hospitals. A survey by the Texas Poll indicates this campaign of information has made an impression on most men and women, especially on those in the educational levels.

The poll put the men and women in all parts of the state.

"Have you ever heard anything about the mental hospitals?"

"Is there anything you can do to help the mentally ill?"

All adults who were asked these questions answered as follows:

Adults who were asked these questions answered as follows:

Not enough information to make a decision.

Governor Allan Shivers emphasized the need for state hospital improvements.

## WHAT TO DO? HOW TO DO IT?

# Shivers Requests Views of People On State Hospitals Improvements

BY DAVE CHEAVENS  
Associated Press Staff

Governor Allan Shivers Tuesday appealed to the people of Texas to let him know what they think should be done for state hospitals, and how to pay for it.

He made his request while the hospital board was still wrestling with the practical and political

# Voters' View On Hospital Need Asked

be on the "broad base" plan covering numerous items.

In answer to questions, Shivers replied he "wouldn't say that anyone (of the industrial group) was convinced we have to have a tax."

But 99 per cent of all the people he has talked with have agreed something had to be done, the governor said.

The hospital-special session information is shaping up as had been anticipated.

"I knew things weren't the worst in the state," said Shivers. "I knew things weren't the worst in the state."

Shivers said the hospital board

# Hospital Board Asks 42 Million

By the Associated Press  
An immediate building program for 42 million dollars for the State School for the Deaf.

Large building program immediately before special session.

# Texas Care of Mentally Ill Called Worst in US

## Federal Public Health Further Cites 'False Ex'

BY DAVE CHEAVENS  
The Associated Press

The Texas' treatment of its mentally ill and of mental defectives Saturday got a double black eye from a United States Public Health Service team that studied its institutions. No state meets all the standards of the American Psychiatric Association, the Hospital Board said. "Much false economy has been neglected in the past" of hospitals, the report said. "The citizens of Texas will be the quality of their mental health care. These less than adequate facilities of the USPHS are the cause of the problem."

The board in a session that ran well past dark Monday came right to the point of decision, then backed off and decided to sleep over the question.

Chairman Claud Gilmer expressed the opinion that a beginning on the building program that called for 14 to 15 million dollars now would be "too big" for the special session.

1. Experts have called our state hospitals the worst in the country. It will take at least \$25 million to feed and clothe our state wards during the next year and start an improvement program. Do you think this state spending is justified? If not, whose responsibility is it?
2. We do not have the money

The governor told his press conference he conferred Monday night with "25 or 30" spokesmen from industry—oil, gas, sulphur, utility, manufacturing and others—on the problem, and came out of that huddle with the general conviction "they want to do what is necessary. . . . They do want it taken care of." Shivers said many different ideas

