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To Dr. Jacob Morgenstern  
on his 85th birthday  
from his children  
with love. Jan. 1982

## Mental Health Problems Discussed By Crownsville Group

The Rev. John K. Mount, director of Severn Parish, was the principal speaker at a meeting of the Crownsville group studying world mental health problems.

The group is the only active one in Anne Arundel County organized under a United States plan for participation in the International Congress for Mental Health, which will meet in London August 11, Dr. Jacob Morgenstern, Superintendent of Crownsville State Hospital, said.

Mr. Mount discussed the need for greater participation in the studies by community leaders and the medical and teaching professions.

*Clipped*

*July 21-48  
Evening Capital*

## Town Meeting To Discuss State Mental Hospitals

*County Chronicle  
Nov. 1948*

The Town Meeting of Annapolis and Anne Arundel County will consider the Maryland Mental Hygiene program and the operation of our State Mental Hospitals at a special forum on November 30 in the Municipal Building, Annapolis.

The program will begin at 8 P.M. and such outstanding speakers as Dr. Jacob Morgenstern, Supt. of Crownsville State Hospital and Dr. Walter Sonnerfeldt, Consultant to Mental Hygiene Clinic, Anne Arundel Health Department, will be on the stand.

The Town Meeting Committee is also trying to arrange for Dr. George H. Preston, State Director of Mental Hygiene, to participate in the program. Other scheduled speakers include Dr. Arnold H. Eichert, Clinical Director at Crownsville and Miss Betsy R. Johnson, Social Case Worker at the South Shore Negro mental hospital.

An analysis of the work now being done in Maryland's mental institutions will be presented and a full review of the many problems plaguing the State program is planned. Audience participation, after the initial talks is also scheduled.

THE EVENING SUN, BALTIMORE, THURSDAY, AUGUST 26.

## Inmate Retaken After Escape

Escaping from attendants as they were entering University Hospital, Joseph Hobbs, 21, colored, an inmate of Crownsville State Hospital, this morning ran to Lombard and Penn streets where, after creating a disturbance, he was

taken into custody by Western district police.

Police reported the man was subdued with difficulty, following calls from residents of the neighborhood and from the attendants who said they were taking the man to the hospital for mental tests. He escaped after they removed handcuffs in the corridor of the hospital.

According to Dr. Jacob Morgenstern, superintendent at Crownsville, Hobbs was committed to the Maryland Penitentiary for twenty years in January, 1947, after being

tried on charges of robbery with a death.

He was transferred to Crownsville on August 12 of this year.

Following today's recapture, he was returned to Crownsville.

8-30-48 Sun  
Illustrations signing up at Poty today

# Crownsville Crowding Is Held Impeding Cures

By William R. Manchester  
[Evening Sun Staff Correspondent]

Crownsville, Md., Aug. 30—London's Bedlam asylum may have been dirtier than the State mental hospital here, but it could hardly have been more crowded.

Huddled together in converted storerooms, jammed into corridors never meant for sleeping, are 1,554 patients—all Negroes.

Segregation is impossible—curables and incurables live side by side. As a result, the number of well, parolable patients is dropping, and each month finds the problem intensified, officials say.

### 100 Lack Beds

Here are some of the more striking results of the overcrowding:

1. About 200 women patients, clad in handmade pinafores, swelter in various attitudes of despair in an unfurnished room, while a public-address system blares forth recorded jazz—their only form of therapy.

2. In attic wards, beds are so close together that one can hardly run a hand between them. The National Psychiatric Association specifies a minimum distance of 3 feet between beds.

3. Patients have no room to place the simplest possession, such as a toothbrush. If a patient catches a disease, it can spread like wildfire through the ward.

4. Children sometimes sleep two in a bed, and more than 100 mattresses are placed on corridor floors because there are no beds to go under them.

5. Hopeless epileptics sleep beside curable patients whose recovery is thwarted by the repeated experience—harrowing to even a normal person—of watching fits.

6. Some 60 "untidies"—patients with no control over their bodily functions—are jammed in a disorderly ward no larger than a good-sized living room.

### Sit Doing Nothing

The worst results of the crowding, according to Dr. Jacob Morgenstern, superintendent of the hospital, are that it promotes emotional friction and restricts therapy to a very limited sort.

As a result, the patients sit side by side in fetid rooms during the long August afternoons, doing nothing, staring bleakly at window grills and listening to the cacophonous jazz.

Just how crowded is Crownsville? Dr. Morgenstern cites a few statistics:

The space occupied by 1,554 patients was originally meant for 800.

### A Vicious Circle

Between July 1, 1947, and June, 1948, there were 642 admissions. The admission rate is increasing over 100 a year, and because of the crowding the discharge rate is dropping, creating a vicious circle.

The main adult division has an

immediate need of 700 beds. Within a few years the hospital will be housing 2,000 patients, about 500 more than there are now.

The children's division, housed in a building meant to be quiet, has had to take in an increasing number of feeble-minded patients, until today they constitute 35 per cent of the division.

### Wards Are Clean

Considering these handicaps, the wards, except for those for untidies, are kept neat and clean as an Army barracks on the morning of weekly inspection.

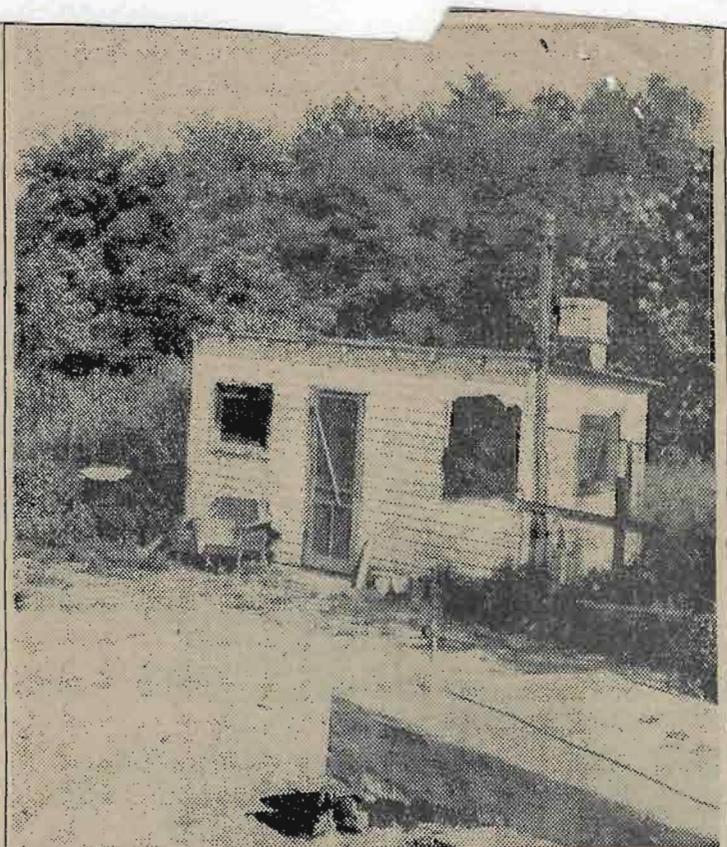
Life within the hospital has little appeal for patients, and the number of escapes is consequently increased, though not so much as Crownsville residents claim, Dr. Morgenstern said.

He cites repeated instances in which people have called him in the middle of the night, protesting that a number of escapees have run amok. Investigation usually shows the offenders to be not patients but strangers passing through the town.

That there are escapes, however, may be in part attributed to another woeful lack at Crownsville: attendants. Permitted 392 employes, the hospital is 122 short.

### Former Chicken Coops

The reason for Crownsville's lack of attraction to attendants is [Continued On Page 19, Column 6]



Crownsville employes live in converted chicken coops like this one

# Crownsville Crowding Is Held Impeding Cures

[Continued From Page 32]

mainly housing. The wage scale, which starts attendants at \$1,380, assumes they will be provided room and board at the hospital.

But the rooms they would occupy there are needed for patients, so they must find quarters elsewhere. Since 60 per cent of the attendants are married, and since the State makes no provision for the paying of outside rent, this poses a problem.

Many solve it by living in converted chicken coops which rent for \$20 a month. These one-room, oil-stove heated shacks are wholly without sanitary facilities.

Single attendants may live four to a room in quarters meant for one. Others live in private homes and seek the limited recreation

Crownsville has to offer, largely limited to the town's three taverns.

Dr. Morgenstern has asked the State to provide \$120 a year for employes who, because of conditions beyond their control, must pay outside rents and take meals outside the hospital. He has been unsuccessful.

If \$500 a year were provided over and above the wage scale, he believes Crownsville could attract a stable, satisfactory force of attendants with an interest in the town and the institution. As things stand now, many are merely transients.

Meanwhile, the Board of Managers of Crownsville has doubled the number of outside guards to cut down the number of escapes.

# Problems Facing State Hospital Are Aired

By William R. Manchester  
[Evening Sun Staff Correspondent]

Annapolis, Dec. 1—In an atmosphere of mixed sympathy and hostility, officials of Crownsville State Mental Hospital told residents of Anne Arundel county last night that institutions such as theirs need community understanding to survive.

They were answered by audience critics who said their community, to survive, needs an efficiently managed mental hospital.

It was the best-attended Annapolis town meeting in recent months. About 300 persons, most of whom had to stand, packed the municipal building hall and punctuated a spirited discussion with applause and catcalls.

## Many Support Hospital

Sympathizers with the Crownsville administration — and they were a majority—proposed everything from Legislature lobbies to Christmas toys to help improve conditions in the overcrowded, understaffed institution that houses the State's Negro mentally ill.

Critics, most of whom live near the hospital, charged that poor administration at Crownsville results in unsanitary living conditions and the frequent escape of patients.

Actually, no discussion of Crownsville was intended by organizers of the meeting. At the outset, Dr. Irving Ochs, of Annapolis, moderator, said the topic was "Mental Health and the Community," not "Mental Health and the Crownsville Hospital," as many there believed.

## Audience Has Its Way

Despite Dr. Ochs's attempts to confine questions to the abstract, however, the audience, with the one institution in mind, finally had its way.

The most spirited applause was sounded for Dr. Jacob Morgenstern, superintendent of the hospital, when he asked critics to "come and see for yourselves," and for John F. Lewis, of Glen Burnie, who censured attempts to "stifle" questions about Crownsville.

The audience grew restive during the hour-long panel of speeches by Dr. Morgenstern, Dr. Ochs, Miss Betsy Johnson, social worker at the institution; Dr. Arnold H. Eichert, clinical director of Crownsville, and Dr. Walter Sonnenfeldt, of the State Department of Health.

## "It Is Your Problem"

It perked up, however, when Dr. Eichert told those who have advo-  
[Continued On Page 44, Column 3]

# Crownsville Hospital Problems Recounted

By William R. Manchester

[Continued From Page 54]

ated a fence for Crownsville that they had a choice between "putting up a fenced-in fortress or giving patients a real chance to recover."

"Whether you accept it or not is your problem," he concluded.

Immediately, Robert C. Adams, leading supporter of the fence plan and one of the greatest sufferers from escaped patients, was on his feet with a question about medical treatment at the hospital.

## Question Overruled

Dr. Ochs overruled the question on the ground it was not in keeping with the purpose of the meeting. For the next hour, questioners tried to phrase abstract questions that would draw information about the hospital.

Finally, Mr. Lewis exploded.

"There is a great deal of interest on the south shore of the Severn River about this problem. But no one is going to do anything about it until officials stop trying to stifle questions such as those Mr. Adams has been trying to ask tonight," he said.

## Inefficiency Charged

Mr. Adams followed Mr. Lewis. He charged that food at the institution was served in bad condition and that sanitary and working conditions at the hospital were poor because of inefficiency.

Mr. Adams admitted his charge was based not on personal observa-

tion but on a source within the institution. He declined to name his source.

Dr. Morgenstern reproved Mr. Adams for basing his accusation on hearsay. He asked him to come and see for himself.

## Remedial Legislation Urged

Mrs. Richard Whittall, who lives near the hospital, contended the institution has no way of knowing whether patients have escaped or not. Dr. Morgenstern denied this.

A more sympathetic tack was taken by Lynn Adams, of the State Hygiene Society of Maryland, who asked the audience to organize and press for legislation aiding such institutions as Crownsville.

Others, who asked what they might do to help improve conditions for the mentally ill, were advised by the panel and by Dr. Kenneth Jones, of the State Board of Mental Hygiene, to inform themselves about mental disease and entertain a more sympathetic attitude toward its victims.

## Toys For Patients Sought

Mrs. Browning Smith, of Annapolis, said she was concerned about the bleak Christmas in store for Crownsville children. She asked for a showing of hands from those who could contribute toys.

A score of women raised their hands. When another audience member asked where the toys might be sent, however, Mrs. Smith said she had no room because her house was "just bursting."

Several persons criticized Governor Lane for his lack of interest in the Crownsville problem. After the meeting Dr. Jones, pointing to the increased appropriations for mental hospitals under the Lane administration, said he did not feel the criticism was justified.

## Question Is Evaded

Panel members declined to answer a question of how often the Governor has visited Crownsville.

The Rev. John K. Mount, rector of the Episcopal parish which embraces Crownsville, praised the work of officials at the hospital. The Rev. Mr. Mount said he had once worked in a mental hospital as an attendant and stressed the complexity of its problems.

Dr. Morgenstern distributed a mimeographed sheet with statistics about the institution. They showed that Crownsville, with room for 1,040 patients, now houses 1,760.

Poor housing at the hospital, Dr. Morgenstern said, is the largest factor in discouraging attendants from coming there. The lack of good attendants, he said, is the most distressing problem.

Mail-Carrying Def

## CONDITIONS AT CROWNSVILLE

Overcrowded conditions at the Crownsville State Hospital were revealed last night by Dr. Jacob Morganstern, superintendent of the institution, in mimeographed figures distributed at the Town Meeting in the Municipal Building.

Dr. Morganstern cited that for 1550 patients there are only 911 suitable beds, and that for 392 permitted employees only 100 quarters are available.

Comparing the hospital with all hospitals for psychiatric patients in the United States, Dr. Morganstern showed the following figures for the year 1947.

Total Expenditure	Crownsville	All Others
Average Daily	\$700,452.41	395,000,000.00
Resident-Patient	1,559.67	540,000.00
Per Capita Expenditure	422.04	731.00

For the same period the total number of admissions was 621. (565 in the main group and 56 feebleminded). The number of discharges was 410 (a rate of more than 66 percent), and deaths 154. These figures left a surplus of 57 for the period.

The net appropriation for the fiscal year 1949, he revealed, was \$1,159,638.

## State Hospitals Touch Off Lively Debate At Town Meet

A town meeting discussion of Maryland State Hospitals touched off a lively question-and-answer period last night at the Municipal Building, as a capacity crowd from Annapolis, Baltimore and Crownsville thronged the auditorium in what was probably the most active display of public interest in the monthly Town Meetings to date.

Speaking in a panel of four were officials of the Crownsville State Hospital and the Anne Arundel County Health Department, who addressed themselves on the general topic of "Mental Hygiene in the Community."

Their talks produced a mixed reaction in the questioning period following, as charges of mismanagement and improper food handling appeared beside spontaneous appeals to organize an effective means of clearing up the condition of state hospitals.

### Overcrowded Hospitals

Dr. Jacob Morganstern, superintendent of the Crownsville Hospital, was first in the list of speakers, and distributed prior to his talk a sheet of statistics on the state hospitals, showing their overcrowded condition.

"From the mimeographed copy you can see," he said, "that there are at present in round figures 9,000 patients in five seriously overcrowded Maryland State Hospitals. Under absolute minimum standards these hospitals should care for only 6,200 patients."

"According to the American Psychiatric Association," he continued, "the bed space allotted to the patient should be at least 60 sq. ft., besides of course, day rooms, recreation centers, etc. None of the Maryland state hospitals can come close to these standards."

### Defective Children

"The state provides the Rosewood State Training School for Defective Children of the white race," he continued. "For the

colored population, Crownsville has the feebleminded division which unfortunately is not equipped for training, rehabilitation and segregation into groups.

"Here congenital idiots, with physical deformities in addition to their mental deficiency, who have to stay in the hospital for the rest of their lives, are crowded in with the patients who, given proper training, could be readjusted and returned to society."

"We have repeatedly requested some steps in this direction," he added.

### After Release

Following the continuity of release and parole, Miss Betsy Johnson, social case worker at Crownsville, spoke next in the panel on the "renaissance" period of the patient when he returns to society.

"Every resource is needed in the readjustment," she said, "when the patient meets responsibility again and has to face his illness objectively. But it becomes a stumbling block for him to realize he meets indifferent neighbors and non-cooperative employers."

The absence of friends, the disinterest of his family, and the difficulty of obtaining adequate homes and jobs make this period a difficult barrier for the returning patient to overcome, she said.

### Preventive Medicine

Dr. Walter Sonnefeldt, consultant to the mental hygiene clinic of the County Health Department, was third in the panel of speakers. He outlined the work of the clinic as "the latest development in preventive medicine," tracing the growth of that knowledge from the first discovery of the small pox vaccine to the virtual control of communicable diseases.

The stigma of mental hygiene is a strong deterrent in the work of the clinic, he said, particularly with parents. "The majority of

# State Hospitals

(Continued From Page One)

children are sent to us by the schools. This is for two reasons: because school is a severe test for the unprepared child; and because of the more objective approach of teachers."

He cited here the case of an apparently lazy boy sent to the clinic by the schools when nothing could be done with him. A blood test showed him to be diabetic, and he was treated and cured with insulin, and returned a normal and useful student.

## Parents Need Help

"All too often," he added, "it is the parents who need help, not the children." Thus the problems of the parents are always investigated, too, to see if that of the child is a reflection of his elders.

"It is a well known fact," he pointed out, "that Maryland lacks facilities for treating the emotionally handicapped children." There are a few private institutions for the well-to-do, but the majority of people cannot afford such expense, he added.

Dr. Arnold L. Eichert, clinical director at Crownsville, outlined the basis for treatment in the modern mental hospital.

## Keynote Kindness

"The keynote is kindness," he said. "Psychiatry deals with the mental individual and the reasons why the rate of normal adjustment is sometimes not attained. The difference between normal and abnormal people is the difference in the individual's opinion of himself in relation to others."

The emphasis in treatment is to make the hospital a home and to give the patient some pride in accomplishment, he said. It is a problem to persuade the patient to think more highly of himself after the humiliation of being placed in an institution.

For this reason it is important to have enough trained attendants and nurses who can say the right thing at the right time, and guide the patient in his recovery. "This is far more effective," he said, "than fences to prevent their escaping."

"I appeal for your help," he told the audience. "It is your problem because you foot the bill. Whether they will have fenced-in fortress or a real chance to get well is up to you."

## Question Period

The stormy question period which followed these speakers produced in general two types of inquiries: (1) What can we do to help improve conditions at the state hospitals? and (2) Are the institutions being managed efficiently with what funds and facilities they already have?

Chief targets in the latter of these were Dr. Morganstern and Dr. Eichert. The opening question, by Robert C. Adams of the Crownsville area, was directed to Dr. Eichert: "In the management of the staff and the care of patients is there a specific regimen or schedule, so that every patient gets some attention at not too great intervals?"

Dr. Eichert replied that it would be an impossible task to set up a specific schedule of checks at regular intervals on the patients. It was pointed out by Dr. Morganstern that there is a certain routine in the operation whereby every patient is seen irregularly. They are given a complete mental and physical examination after their arrival, he said, but after all, there are only eight physicians for the 1,770 patients, and it would be impossible to see every one of them within a short period of time.

## Food Handling

The question of mismanagement recurred again when Mr. Adams stated that he had information from inside sources on improper food handling at Crownsville. He stated that he had been informed recently of an instance where chicken had been allowed to be exposed and spoil, and then was served as a meal, causing dysentery among the patients and employes.

Mr. Adams also cited an instance of Tuesday in last week when, he said, turkey was also allowed to remain exposed to flies and unrefrigerated for a long period of time.

## See For Yourself

Dr. Morganstern pointed out that numerous visitors and newspaper reporters had never objected to food handling at Crownsville. He also cited that patients consistently gain weight under the hospital diet, and that on last Thanksgiving 2,100 pounds of turkey were served. His direct reply to the accusations of improper food handling was, "I think people should look for themselves instead of accepting what other people say."

Elsewhere in the question period there were numerous offers of services and inquiries on what could be done to help. Mrs. Browning Smith of 7 Shipwright street, asked if there would be any objection to a public campaign to give each of the 220 children in Crownsville two toys for Christmas. An anonymous volunteer offered her services to entertain the patients by piano.

Dr. Morganstern explained that volunteer work could best be handled if the individuals would visit the hospital and explain in detail just what services they wished to offer.

A strong inference was also parried in several questions on whether elected state officials were showing any interest in the overcrowded conditions.

It was asked how often had Governor Lane visited at Crownsville, and what was being done to appropriate enough funds for the fiscal year 1949?

At several points the questioning broke into counter-arguments between members of the audience, and social legislation was mentioned.

Lynn Adams, of Baltimore, director of community activities for the Maryland Hygiene Society, made an appeal to the audience that it unite behind a continuous program of study and the effecting of better conditions. "A community like this," he said, "is capable of organizing itself to make an overall study. It is important to get together with associations of mental hygiene societies in the state to achieve a real purpose."

Moderator for the evening was Dr. Irving Ochs, who continually was forced to remind questioners of the topic for the evening.

## Letters To The Editor

Editor  
The Maryland Gazette  
Sir:

Doctor Morgenstern, superintendent of Crownsville State mental hospital, is to be commended for the two fine public meetings that have been held within the past two months, one in Annapolis, and the other January 11, 1949, which was held at the Crownsville State mental hospital auditorium, at 8 P. M.

Early in the afternoon the public had been invited to tour different hospital departments, and at 4:30 P. M. a movie of medical procedures, with comments was shown in the auditorium. A repeat of this program was conducted from 6 to 7:30 P. M.

The public can only help when facts are laid before them. Such meetings act as a clearing house for all concerned. May Doctor Morgenstern continue this splendid practice. All Mental hospitals and State institutions would do well to follow suit, if respect is to be retained by the taxpayers who have a right to know and work with, and toward the best interest of such institutions and all concerned.

Sincerely,  
Nina B. Brady.

## Crownsville Starts 8-Hour Shifts

Crownsville, Md., March 4—Attendants at the Crownsville State Mental Hospital were placed on an eight-hour-shift schedule today by Superintendent Dr. Jacob Morgenstern.

Dr. Morgenstern said they will continue to work a six-day week, but he explained that the twelve-hour split-shift schedule has been discontinued.

The new plan calls for the first shift to work from 7 A.M. to 3.30 P.M., the second group from 3 P.M. to 11.30 P.M. and the third shift to work from 11.15 P.M. until 7.15 A.M.

### Viewed As Trial

The hospital superintendent said he regarded the move as a "trial during which I can more closely determine the need for additional personnel on the basis of an anticipated extension of the attendant program."

The hospital now has the full complement of attendants provided for in the State budget, but Dr. Morgenstern said the new schedule would reduce the number of attendants available for duty at times when there is high activity at the institution. He said this was especially true at meal times.

The superintendent added that he did not believe attendants should be on duty more than eight hours at a stretch in order to maintain efficiency. Crownsville was the last of Maryland's five mental institutions to adopt the eight-hour schedule.

# CENTRAL FOOD PLAN SEEN FOR MENTAL UNITS

## Perkins Suggests Con- solidation Of Farms, Distribution Setups

Food and farm services of Maryland mental hospitals would be centralized under a plan presented to the State Planning Commission by Dr. Clifton T. Perkins, commissioner of mental hygiene.

Dr. Perkins told the commission he as yet had no concrete proposals to put forward on centralization but that in view of its desirability he questioned specific food and farm projects now before the commission for review.

His "overall thoughts for a long-range food service policy" and for farming activities were offered to the commission as a basis for discussion of the hospitals' request for new appropriations for capital improvements.

### Concerns Future Projects

His letter to the commission concerned the new projects proposed for 1951 capital appropriations — not projects currently set up under the \$20,000,000 mental hospital construction program approved by the 1949 General Assembly.

Dr. Perkins said there should be "free discussion of overall State policy at the planning level" before the Department of Mental Hygiene pressed for specific food and farm projects involving capital funds.

Briefly, he proposed a "State hospital food and agricultural center."

### Would Be Near City

Here, at a location near metropolitan Baltimore, there would be:

1. A central establishment for procurement, storage, preparation and service of food. (The mental hospitals serve 30,000 meals a day.)

2. A 1,000-acre farm "where pasturage is plentiful and the land is good for crops and animal feed."

In the same communication to the planning agency the commissioner said consolidation of certain categories of mental patients at one or another of the hospitals would provide better opportunities for treatment and research and at the same time free some existing facilities for other uses.

### Calls For More Study

In discussing the food problem, which he said was a "large one," Dr. Perkins said he was not sure the specific projects now proposed in the requests for 1951 capital appropriations were "exactly the ones which should be followed through."

"Perhaps more time and study should be given to them at this

(Continued on Page 20, Column 6)

# CENTRAL FOOD SETUP ASKED

## Dr. Perkins Suggests Plan For State Mental Hospitals

(Continued from Page 32)

time, with emphasis on the overall food problem," he said.

"Our expenditures for food run over \$1,500,000 annually, the capital outlay for obsolescence and improvements to the physical plants is great and the personnel overhead costs are large.

"Over and above that expense, which largely represents new money each year, there is an unknown amount lost through the garbage cans and through spoilage of some home-produced foods—the cost of which is buried in other accounts, such as the farm account."

He said he believed the hospitals' problem of "procurement, storage, preparation and service of food to several thousands of average Maryland citizens three times a day, with as little waste as possible" could be met best and "most economically in the long run" by "consolidation of certain services."

"There is nothing mysterious about this," he said. "It is a principle used by chain restaurants and other large dispensers of food the country over."

### Would Have Transport System

He visualized a "large centralized establishment for such purposes" including, among other things, a central bakery, storage facilities to care for the major food storage problems of the hospitals, cooking facilities and extensive preparation facilities for canning and freezing.

It would have a transportation system to supply the hospitals and a research section, he said.

Such a program, he suggested, would be advantageous to the State in that it would:

1. "Minimize a lot of the non-medical problems within the hospitals themselves."

2. "Minimize the requirements for new and modern equipment within the hospitals because, as obsolete kitchen equipment had to be replaced, the activities could for the most part be transferred to this central plant."

### Could Cut Down Employee Needs

3. "Eliminate hospital requirements for additional heavy capital outlay for new kitchens and large storage places for food."

4. "Gradually cut down on the number of employees required in the food service at the hospitals because, as vacancies occurred in the kitchen section, they would not need to be filled at that level and might be filled with people more closely concerned with bedside care of sick patients."

5. "Minimize requirements for additional kitchen personnel, which we now need."

6. "Provide a centralized spot for the better guidance of the efficient use of standardized menus—which we are even now in the process of promulgating."

### Sees Other Purposes

Dr. Perkins also spoke of the project's potentialities for industrial rehabilitation of a limited number of patients, as a research center and as a training ground for occupational training in the food industry.

"And," he added, "it might not be too absurd to think of the remote possibility that the United Nations might change its mind and look with a fonder eye upon Maryland as a good center for its specialized broad work and study, if this establishment were a functioning unit serving thousands of average people."

The commissioner said hospital superintendents were divided in their opinions as to whether present farm operations were economical for the State, but he said the farms did a "great deal" as a source of food supply.

"Because of our building program now in the process, which is about to encroach seriously on some of our farm activities, a thorough discussion of this particular problem of farms ought to take place before very long—certainly in the next month or two," he said.

# 10 NEW MENTAL UNITS MAY NOT BE NECESSARY

## Dr. Perkins Offers Ideas For Consolidation Of Groups Of Patients

Dr. Clifton T. Perkins, commissioner of mental hygiene, has informed the Maryland State Planning Commission that he is not sure that all ten new buildings asked for by State mental hospitals to house patients "are absolutely necessary."

In explanation of his reservations, Dr. Perkins laid before the commission several of his own ideas about the regrouping of patients so as to consolidate in a single institution treatment of patients falling into designated categories.

His proposals would remove the racial segregation barriers which are traditional in Maryland State mental hospitals since he is considering placing both white and Negro patients who are adjudged criminally insane in Springfield State Hospital; and providing for mental defectives of both races at either Rosewood or Crownsville.

### Sees "Vicious Cycle"

At present, Crownsville State Hospital alone receives Negro patients at any level of mental disease or deficiency.

In his comments on requests for new capital outlays on a total of 55 projects at the hospitals, Dr. Perkins expressed the conviction that "building more buildings to provide more beds to sleep more patients" is a "vicious cycle" that can be stopped.

Of the proposed new buildings to house 1,500 patients, the commissioner said:

"Frankly, I am not sure whether or not these projects are absolutely necessary. . . .

"I am not suggesting a long-range building program for increasing the number of beds for patients in the hospitals for the mentally ill. . . .

### "Has Been Done Elsewhere"

"I believe that within a very few years we can arrive at a point where we can draw the line definitely on building more buildings to provide more beds to sleep more patients.

"It is a vicious cycle and I think

(Continued on Page 21, Column 3)

# TEN MENTAL UNITS' NEED QUESTIONED

## Dr. Perkins Offers Ideas For Consolidation Of Patients

(Continued from Page 32)

we can stop it. . . . I honestly believe that we can stop, within a few years at the outside, additional tremendous capital outlays for patient-housing purposes among the insane.

"It has been done elsewhere and I believe it can be done here."

Dr. Perkins, however, did not characterize as possibly unnecessary all of the patient-housing buildings proposed by the hospitals.

He said a new medical and surgical building at Springfield State Hospital is "the most urgent need" at that institution.

### Emphasizes Active Treatment

"Probably the greatest emphasis should be on those buildings for patients primarily concerned with active treatment and particularly those who have some demonstrable physical illness along with the mental illness," he said of the construction proposals as a whole.

"In other words," he added, "I would hope that we could give special consideration to any unit designed as a medical and surgical building within the larger mental hospital."

Dr. Perkins suggested consolidation of treatment of mental patients who have tuberculosis; those with epilepsy; the mentally defective; and the so-called "criminally insane."

### Special Care For Aged

He suggested special handling, too, of the patient whose illness is coincident with advancing years, declaring that their segregation from other patients is both desirable and very important for research.

"There seems to have been a policy of drawing an age line for admission to the hospitals," the commissioner commented, "and so we have been refusing admission to many elderly people.

"But I think that if an individual is sick and requires hospital care the factor of age alone should not be a barrier. I believe that in our planning we should make some provision for these elderly patients.

Dr. Perkins told the Planning Commission that his belief that the "cycle" of building more hospitals for the insane did not apply to the care of the mentally deficient.

### Cites Waiting Lists

"I cannot see the end of necessary housing facilities for these patients at this time," he said.

"Also, I am not satisfied that the whole problem of the mentally deficient in Maryland is clear.

"We still have restrictions on age groups for admission, we still have waiting lists for admission; and even with these two important fac-

Afro Oct 14/50

The Baltimore

# Civic Groups, Individuals Urged to Aid Mentally Ill

By DOROTHY C. GIBSON

### WHAT ARE WE GOING TO DO ABOUT CROWNSVILLE?

That's right, I mean WE. Crownsville belongs to us. It houses our mentally ill, some 1795 of them; it also houses 250 of our feeble-minded children.

While the State provides buildings, equipment, staff, etc., volunteers are needed to give those "little touches" that are sorely needed by any shut-in:

Volunteers to work on the wards. Volunteers to provide entertainment. Volunteers to assist in the men's ward. Volunteers to aid in the social therapy practice now going on there. Volunteers to feed the spoon patients. Volunteers . . . Volunteers . . . Volunteers!

Crownsville needs you. Of course we have done something for Crownsville. Someone is always doing something for Crownsville. But that just isn't enough.

#### Mrs. Williams Pioneer Volunteer

Here is the story to date:

Our first Crownsville volunteer was Mrs. Roger K. Williams, who began choral instruction there. She is a student of voice and a cellist.

Her efforts have been rewarded by the way her new charges look forward to her visits. Her efforts have stimulated other groups in taking various types of entertainment to the hospital.

Harrison Dodd, a member of the Municipal Band, takes two of his members to the hospital each week and teaches drums, trumpet, trombone, piano, saxophone, cornet, clarinet and flute.

The patients have become so proficient that they join their instructors in providing music for hospital festivities. The instruments they use were purchased with funds donated by kind friends.

#### Beautification Therapy Effective

A group from the Maryland League of Women's Clubs makes monthly visits to the hospital. The Master Beauticians' Association has carried on a "good grooming" program that has done wonders for the women's morale.

It is reported that one patient who could not be "reached," when turned so she could see herself in the glass, was so pleased with her appearance that she tried to borrow money from a nurse to pay the beautician.

Many other groups from all walks of life have given aid to Crownsville, but it just isn't enough. All the new therapy treatments being used in the best hospitals are being tried out at Crownsville, but the staff can't carry on the program alone. It needs volunteers. There are more than 10,000 colored club women in Baltimore, and several thousand club men.

#### Churches, Schools Can Lend a Hand

Our churches, despite their full programs, can lend a hand. The schools can do a lot to help those 250 feeble-minded little folks there.

The pupils of Dunbar Junior High School and members of the Mask and Wig Club of Douglass have carried programs there regularly, as have groups from the Chick Webb Recreation Center.

This is a good record. But it is just a drop in the bucket for the large family at Crownsville. When are you going to join the ranks and march with us to Crownsville's aid?

If you can't be an active volunteer, be a contributing one. Here are a few things you can send—used matches, empty cigarette boxes, current magazines, radios, television sets, toys and cards.

The Mental Hygiene Society, 8 W. 25th St., will be glad to make arrangements to call for your gifts.

ARE YOU GOING TO DO SOMETHING ABOUT CROWNSVILLE?

Afro Oct 14/50

# Need for Mental Hospital Volunteer Visitors Aired

The Community Council for Volunteering, with Mrs. John Clark, president, held its second meeting of the year at Sears Community House, Wednesday morning.

The purpose of the council is to provide maximum volunteer services to Maryland's mental patients. It was organized by the Mental Hygiene Society of Maryland, with the co-operation of the Baltimore chapter, American Red Cross.

Maryland has 9,000 mental patients in its four hospitals.

#### Council's Work Extolled

Mrs. Doretha Wisma reported to the group that hospital authorities say the council has aided in making bleak walls bright and in other ways given hope, where despair was evident, to patients.

They have had wards painted and taken entertainment to the patients on such a regular schedule that it has become routine.

One group, which adopted a cottage of women, purchased a sewing machine, furnished cloth and aided in the instruction to the patients.

#### 250 Children Crave Attention

Reports from the co-ordinators of the institutions brought out the facts that Crownsville is the hospital with the greatest needs and the smallest amount of volunteers.

Several other groups pledged aid to Crownsville along with their other obligations.

There are 250 feeble-minded children in Crownsville at present. They need all types of therapy, toys and entertainment—aid which can only come from volunteer services.

#### Crownsville's Needs Specified

Among groups represented at the meeting were Hebrew Women of Maryland, 2400 block Woodbrook Ave. Neighborhood Club, Women's Club of Govans, Women's Bar Association, Har Sinai Temple, Morgan State College, Hebrew Noble Ladies, Brown Memorial Church and the AFRO.

Listed among the needs at Crownsville are television sets, small radios, victrolas, assorted games, playing cards, checkers, jug-saw puzzles, dominoes, card tables, stationery, embroidery, needles and crochet cotton.

Also needed are 2,200 Christmas gifts, yarn, material by the yard, crayons, paint, coloring books, baby carriages, trains, other toys, cigarettes, current magazines, comic books, newspaper subscriptions and parties, all of which must come from an expanded number of volunteers.

## Crownsville Hospital Gets New Equipment

Mental hospital officials, Baltimore doctors, state representatives and friends of the institution attended a rainy afternoon dedication of the recreation and dining room, male tuberculosis ward at Crownsville yesterday.

Much needed equipment for the ward including dining room furniture, a television set and a piano was given at this time by the Baltimore Tuberculosis Aid Society of Baltimore. Dr. Jacob Morganstern, director of Crownsville State Hospital accepted a plaque, to be hung in the ward, from Mrs. George Fisher, chairman of the social service committee of the society.

Dr. Ralph J. Young, physician of Johns Hopkins Hospital, spoke to the group explaining the great need for additional care of tubercular cases in the state. Dr. Young pointed out that especially among the Negro population, prevention facilities are inadequate. Tuberculosis "bugs" are not particular whom they infect, he said "You can not segregate bacteria" he said, "and the problem of controlling tuberculosis is a general one, affecting everybody."

The Baltimore Aid Society, founded a short time ago, has been responsible for furnishing institutions with equipment similar to that given Crownsville Hospital, of making chest examinations possible and in contributing in many ways to the control of tuberculosis in Maryland.

Others attending the dedication included the Rev. John K. Mount of St. Stephen's Church, Crownsville, who gave the invocation, Dr. Ethel Nixon, assistant psychiatrist of Johns Hopkins Hospital, Mrs. Aaron Libowitz, president of the Baltimore Tuberculosis Aid Society, Miss Myra Sklarblaustein, coordinator of volunteer activities for Crownsville State Hospital, and Mrs. Helen C. Tingley of the Mental Hygiene Society.

## Christmas At Crownsvills: 200 Tots Made Happy With Gifts And Treat

With a tremendous pack on his back, Santa Claus visited the Winterode building at Crownsville on Thursday afternoon with gifts for 200 children.

The diningroom of the building was decorated with the brightest of Christmas trees and an ever-fascinating electric train. Gifts included an electric player and records, roller skates, woolly animals, books and games—with even a doll house which was the special request of a little boy who wanted to make its furniture.

Those 51 youngsters not able to walk had their beds loaded with Christmas gifts. Not a child was overlooked, Mrs. W. H. Diefel, chairman of this holiday treat, said. The older boys received ties and handkerchiefs, and the older girls an assortment of ribbons, handkerchiefs, and jewelry.

Refreshments of oranges, ice cream, candies, and lollypops shaped like Santas and Christmas trees, were served to all the children with holiday napkins.

Because of the generosity of merchants and wholesalers in Annapolis—as well as organizations, churches, and individuals—enough cash was available to

purchase two bicycles for the children, also.

Assisting Mrs. Diefel on this committee of arrangements were Mrs. Paul E. Fuhrman of Revell, Mrs. James B. Noble of Mosshaven, Mrs. Mable Chappelle of Bay Ridge, and members of the Woman's Club of Annapolis and Anne Arundel County. Also, Mrs. Fred Rogers of the Daughters of America and Mrs. Leon J. Katcef of the National Council of Jewish Women.

Contributions to this fund for the children's Christmas at Crownsville were made by the Annapolis Rebecca Lodge No. 73, Council No. 92, D. of A., Pythian Sisters, Eastport Methodist Church, Ladies of the Moose, Moose Lodge No. 286, Calvary Methodist Church WSCS, Southern Dairies, Judge Benjamin Michaelson, Mrs. Helen Jones, Mrs. Hannah Kotzin, and the Bates High School home ec class which made all the cookies.

Greetings were extended by Dr. Jacob Morganstern, superintendent, and Mrs. Myra Blaustein, co-ordinator of the volunteer services at Crownsville.

*F.C. 12/20/50*

## Christmas At Crownsville:

### Dr. Morgenstern Thanks Annapolis Contributors For Successful Party

The individuals and civic organizations who contributed to the Christmas party for children at the Winterode Building at the Crownsville State Hospital today were thanked by Dr. Jacob Morgenstern, superintendent, and his staff.

He said that the hospital was especially indebted to Mrs. William H. Diefel "for her work in contacting the various organizations and organizing the party." He pointed out that under her "quiet efficient leadership, a completely pleasurable afternoon was had by everyone, including the

staff of the Winterode Building, who worked with Mrs. Diefel in preparing the party."

#### Would Have Felt Repaid

"I am sure that if the people who contributed to the success of the party could have seen the happiness of our children when a wonderfully authentic Santa Claus greeted them with gifts and treats, they would have felt repaid many times over for their part in the party," Dr. Morgenstern said.

"An institution can never be like home, which is an unhappy handicap to work with, especially when dealing with children, but friend-

ship such as that displayed by the citizens of Annapolis toward our children can do much in giving them a feeling of security and acceptance. And security and acceptance is sometimes as important in helping people back to health as medicine.

"We hope the year 1951 will see Crownsville with not only our old friends, but gaining new friends in the community."

# Dr. Nixon Says Mental Treatment Job for State

"Psychiatric hospitalization has become the responsibility of the State and community," said Dr. Ethel Nixon, assistant psychiatrist at Johns Hopkins Hospital, Sunday, at Crownsville State Hospital.

She spoke at the dedicatory services of the recreation and dining room of the male tuberculosis ward which has been completely furnished by the Baltimore Tuberculosis Aid Society.

"Community interest is necessary to help provide adequate facilities in mental hospitals which are suffering from the scarcity of psychiatrists and funds," continued Dr. Nixon.

## 650,000 Mental Patients

There are approximately 650,000 mental patients in hospitals; and of the 5,000 psychiatrists in the country, fewer than 2,000 have hospital affiliations.

"The attention a mental patient receives from nurses, attendants, family and friends, helps the patient through his illness and home adjustment," Dr. Nixon stated.

"Good hospital relationships is important therapeutically," she went on, "but poor family relationship and environmental stress can cause early and frequent recurrences."

## Cites Community Aid

Dr. Nixon related many needs and treatments of mental patients, where the community can aid in

## Visits Parents

this important program which is attracting world-wide attention.

Also speaking on the program was Dr. Ralph J. Young, a member of Hopkins' staff. Praising the TB Society he said, "this organization not only talks democracy, but does democracy."

Continued Dr. Young, "Giving all alms is not charity, but the giving

of alms with love is charity. These good women have built their foundation on a tripod of faith, hope and love.

"If this tripod would become a world symbol, we would have peace," he declared.

## Raps City for T.B. Spread

Dr. Yount said, "There should be no discrimination or segregation in the care of disease, since microbes know no color, sex, age or economic status.

"Maryland's T.B. death rate stands third in the country, with emphasis on the colored population. Today there are more than 200 colored T.B. patients on the

waiting list for hospitalization.

"Without a segregated system, this condition would not exist. Most of those 200 people are living in poor housing conditions and crowded areas. Since T.B. and economics go hand-in-hand, our T.B. rate will increase," concluded Dr. Young.

## Presents Plaque

Mrs. George Fisher, chairman of social service at Crownsville, presented the plaque of the rooms to Dr. Jacob Morgenstern, superintendent of the hospital.

Greetings were brought from Mrs. Aaron Libowitz, president of the Association. Invocation was delivered by the Rev. John T. Mount.

The exercises were held in the administration building of the hospital.

*Even Sun*  
*1/22/51*

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# Aides In Mental Care Survey Appointed

By Bradford Jacobs

Annapolis, Jan. 22 — Delegate Jerome Robinson (D., Fourth Baltimore) today announced the appointment of two mental hospital specialists who will act as consultants for his joint legislative committee now studying mental care in Maryland.

They are:

DR. G. WILSON SCHAFFER, dean of Johns Hopkins University and a psychology instructor.

DR. SAMUEL NOVEY, president-elect of the Maryland Psychiatric Society and a former staff psychiatrist at Sheppard and Enoch Pratt Hospital.

## Meeting Thursday Slated

The two doctors are to meet the twelve-man committee, of which Mr. Robinson is chairman, at 3 P.M. Thursday. A program will be set forth for preparing the committee report to the Legislature.

This group was named by Speaker Luber and President Della following the passage of resolutions calling for a restudy of the State's five mental hospital institutions as a followup to a mental hospital program adopted two years ago by the Legislature.

## Duties Described

Mr. Robinson said today that Dr. Schaffer and Dr. Novoy will be used to orient committee members on mental hospital problems and to help arrange a plan of procedure for the investigation.

They are also to work out questionnaires which will be submitted to the various State department heads who deal with care of patients, hospital construction and personnel.

Dr. Schaffer took part in the 1949 study, but Dr. Novoy is new this year. He is a private practicing psychiatrist who lives in Towson and also examines juvenile offenders for the Circuit Court in Towson.

THE SUN. BALTIMORE, MONDAY MORNING, JANUARY 15, 1951

## Lounge Dedicated At Crownsville

A newly furnished dining room and recreation lounge provided by the Baltimore Tuberculosis Aid Society at Crownsville State Hospital was formally turned over to the institution's staff yesterday.

Dr. Jacob Morgenstern, superintendent, accepted the gift at a meeting in the auditorium of the administration building.

The invocation was pronounced by the Rev. John T. Mount. Mrs. Aaron Libowitz, president of the Tuberculosis Aid Society, spoke briefly. Other speakers were Dr. Ethel Nixon, assistant psychiatrist of the out-patient department, and Dr. Ralph J. Young, physician of the out-patient department at the John Hopkins Hospital.

N: se fo ta pi to ot P' as ts

# Dining Hall and Recreation Room Dedicated at Crownsville



refreshments in the new dining hall which was furnished by the Baltimore Tuberculosis Aid Society, Inc. This hall and a recreation room for the male T-B patients were dedicated Sunday with formal ceremonies. Ladies in the picture at left are: Mesdames George Fisher, Louis Simon, and Mark Leven. At extreme right is Miss Myra Blaustein, co-ordinator at Crownsville. In picture at right are: Drs. Ralph J. Young, Jacob Morgenstern and Ethel Nixon. Drs. Young and Nixon were guest speakers, and are staff members of Hopkins Hospital. Dr. Morgenstern is superintendent of Crownsville. Both rooms are dedicated in accordance with the standards of the American Psychiatric Association.

AFRO 1/20/51

## Hospital Kiddies Feted in Annapolis

Annapolis played host to the 250 boys and girls of the Winterode Building, Crownsville State Hospital, recently. This is the first time a whole community has participated in a like affair for a State hospital.

Mrs. William H. Diefel, welfare chairman of the Woman's Club of Annapolis and Anne Arundel County sponsored the party, which was arranged by Miss Myra Blaustein, co-ordinator of volunteer activities at Crownsville.

Using the local press as an aid and through personal appeals Mrs. Diefel secured contributions from local societies, churches, clergymen, judge of the Circuit Court, professional and businessmen, including owners of dairies and bakeries.

### Local Schools Co-operate

The local schools aided in making Christmas cards for each patient. One home economics class made cookies, with materials donated by a bakery.

Hundreds of toys were given the children; including an electric train. From the cash donations, there are enough funds left to buy two bicycles.

The refreshments were served by the Daughters of the American Revolution, and other women's clubs, including the National Council of Jewish Women.

The surprise was the arrival of Sherry, an Annapolis radio personality who tells stories. By request he told the stories of Br'er Rabbit and the Night Before Christmas.

# Given Video Set Crownsville Ward

The Deaconess Board of Faith Baptist Church of which the Rev. Simon Williamson is pastor, presented a television set to the male convalescent ward at Crownsville State Hospital, recently.

For many years the members of the church have made regular visits to the hospital and provided Christmas cheer for the patients.

### Has Therapeutic Value

Dr. Jacob Morgenstern, superintendent of Crownsville, in receiv-

ing the gift, said:

"Television is not only the ideal means of entertainment, but it brings current happenings in various areas of modern life into the patient's experience, even though

he lives in an institution."

Mrs. Carletter Spratley is chairman of the Deaconess Board; and Mrs. Missouri Watson served as chairman for the Crownsville patients.

1951

The Baltimore Afro-American, July 14,

## Gift to Crownsville Patients



Patients at Crownsville State Hospital relax in the dayroom and watch the television set

which were gifts to them from the Kerchoff Ray Chapter No. 90, Order of Eastern Star.

# ASSEMBLY VOTES

## MENTAL REVIEW

### Committee Of 12 Will Study State's Current Program

By PRICE DAY

[Annapolis Bureau of The Sun]  
Annapolis, Jan. 15 (P)—The General Assembly opened the third week of its 1951 session tonight with a swift decision to examine the current condition of the State's mental health program.

Meeting briefly, the House and the Senate set up a joint committee of twelve to review the program and report its findings, along with any legislative recommendations, within 60 days.

The Senate Resolution, introduced by John Grason Turnbull, Baltimore county Democrat, was adopted without debate. It was helped along by the approval of Governor McKeldin, as relayed through Robert B. Kimble, Allegany county Republican and minority floor leader.

Jerome Robinson (D., Baltimore Fourth), who introduced an identical resolution in the House, ran into an opposition which wanted the matter referred to committee for amendment, but debate was brief and the resolution passed with little trouble.

Turnbull, Kimble Named Senafors Turnbull and Kimble and Delegate Robinson were named to the committee. Other Senate members are:

Francis X. Dippel, Baltimore Third.  
Louis N. Phipps, Anne Arundel county.  
Stanford Hoff, Carroll county.  
Edward Turner, Queen Annes county.

Hoff is a Republican, the other three Democrats.

Other members of the House named to the committee are:

Chester W. Tawney, Baltimore Third.  
Dorothy Theresa Jackson, Baltimore county.  
John Wood Logan, Caroline county.  
C. Ray Barnes, Carroll county.  
Charles L. Downey, Washington county.

The last two are Republicans. Senators Turnbull and Kimble

By PRICE DAY  
(Continued from Page 28)

and Delegates Robinson and Barnes served as members of the joint committee on State mental hospitals two years ago.

#### Has Master's Degree

Mr. Logan was appointed to the new review committee after he had notified John C. Luber, Speaker of the House, that he believed himself to be the only delegate with a bachelor of arts and a master's degree in psychology. He also noted that he had served as a chief probation officer and psychiatry tester.

In the Senate, the resolution was presented with the mere comment by Senator Turnbull that the new committee was a reviewing body, and was not designed to conduct an investigation.

The same note was sounded in the House by Mr. Robinson, who said that "this is not necessarily a fault-finding investigation, but added:

"If fault is found, such fault should be determined and recommendations should be made."

#### Reviews Authorized

The legislation of 1949 provided for a review committee to make periodical reports on the status of the Maryland mental-health program, Mr. Robinson said.

"The outgoing Governor did not appoint this review committee until just a day or two before he left office," he added.

"We should have had six-month reports. No such report has ever been made. There has been no review to this time.

Two years ago the *Sunpapers* brought to the attention of Maryland a condition that was shocking and disgraceful. At that time the closet was opened, the skeletons were brought out. Now are we to permit the skeletons to be put back into the closet and the door closed forever?"

#### Wants Accounting Of Funds

The mental-health program, Mr. Robinson declared, was "not self-executing," and he asked for an accounting of the \$20,000,000 in expenditures authorized by the Legislature.

"How much of it has been spent?" he asked. "Where has it been spent? Has it been spent wisely? Has it been spent in accordance with the directive which initiated this program?"

"Let us tell the people of Maryland what has happened to that mental-health program. Is it functioning or not functioning? If it is functioning, let us give credit. If it is not functioning let us place the blame at the door where it belongs."

Opposition to immediate appointment of a committee came from Mr. Tawney and from J. Raymond Buffington, Jr., (D., Baltimore Third), chairman of the Baltimore city delegation, though both expressed accord with the main purpose of the resolution.

#### Tawney Wants Amendment

Mr. Tawney wanted an amendment which would set up a continuing committee, and suggested that no member of the 1949 joint group should serve on the review committee.

Mr. Buffington wanted to amend the resolution to require the committee "to make public its findings as it goes along," and charged that a professional study of two years ago, which he said had cost the state \$40,000, had never been made public in full.

The study was conducted by the Philadelphia firm of Worden and Riseberg.

### The Mounting Cost Of Mental Patients

Maryland's mental hospitals have put one of the severest crimps in Governor McKel-din's avowed desire to hold State expenditures at present levels. In the Governor's budget, appropriations for the Mental Hygiene Department for the coming fiscal year are up eleven per cent, the largest percentage increase granted any State agency. And the basic explanation is a simple one.

The number of mental patients in Maryland is steadily increasing, and the cost of caring for them in institutions is soaring. In the coming fiscal year the hospitals expect to have 9,550 patients, a jump of 461, and the cost per patient now runs from \$920 a year at Crownsville to \$1,227 at Eastern Shore State Hospital. There is nothing to indicate that the number of patients will not go on increasing in the years ahead, or that the cost of institutionalizing them will not stay at the present high level, or go still higher in the immediate future.

A moment's reflection on these figures should lead to the conclusion that Maryland before too long had better start thinking of a real program to reduce the number of mental patients requiring institutional care. The only constructive way to do it is to diagnose and treat mental disorders before they have advanced to the point where institutional care is the only answer. And this means having mental-hygiene clinics where persons can receive attention during the incipient stages of their disorders.

Preventive measures in the field of mental hygiene are as worthy of support as those in medical fields. The public schools today have many so-called "problem" children whose emotional quirks could be straightened out before it is too late, if only there were clinics for them. The mental hospitals have many permanent patients who might not be there at all if they had received clinical care five or ten years ago on a one-day-a-week basis. Preventive care is now available privately, but Maryland almost completely lacks public clinics.

The cost? Probably around \$40,000 to \$50,000 a year for each clinic with a psychiatrist, psychologist and two psychiatric social workers on a full-time basis. But every mental disorder caught early and treated by a clinic would be one less patient for the mental hospitals, or a saving to the taxpayers of from \$920 to \$1,227 a year. If each clinic were to keep in the community at large only 50 patients a year who otherwise might require custodial care, the clinics would pay for themselves. Furthermore, mental-hygiene clinics can serve as probational agencies for mental hospitals, making possible the earlier discharge of patients who are close enough to full recovery to require only periodic checkups.

To be sure, there is a State program supporting the idea of mental-hygiene clinics, and a small sum is appropriated annually. There are isolated private endeavors to meet clinical needs. But Maryland does not have any significant, long-range, progressive policy regarding clinics as part of any mental-hygiene system, and it is soon going to have to have one.

# Public Invited to Observe Activities at Crownsville

'Open House' to be Held as Part of Mental  
Health Week Program for State Hospitals

Officials at Crownsville State Hospital have asked Marylanders to visit the institution on May 3 and observe facilities there as part of Mental Health Week activities.

Dr. Jacob Morgenstern, superintendent, announced this week that the planned "open house" is part of an effort to make citizens "mental health conscious."

## Tours Planned

The Crownsville staff has planned special tours for the public during the May 3 program, to be conducted at 10 a.m. and 1 p.m. that day.

The following events have been planned for each tour:

Guests will view a film dealing with problems in psychiatric medicine. They will then be taken on a tour of the new unit, the Winterode, Hugh Young and administration buildings, and will have a chance to inspect dietary department facilities.

## Clothing Exhibit Featured

Visitors will see volunteer workers in action. The sewing room will be open and the types of clothing made at the hospital will be on display. Special exhibits have been planned by the psychology and social service departments.

"This is the day when everyone interested in Crownsville is welcome," said Dr. Morgenstern. "The entire staff will be available and eager to interpret the hospital's responsibility to its patients and answer any questions pertaining to mental illness."

Other State mental hospitals will also have National Mental Health week activities. The seven-day celebration is part of a national program to acquaint the public with the nature of mental illness and to gain support for a

more adequate program of prevention and early treatment of mental disorders.

## Job Chances Good

A third objective of the observance is to stimulate interest in job opportunities in public supported agencies in the mental health field.

As a part of this last aim, high school classes and educational groups have been specially invited to attend. Department of Mental Hygiene authorities have stated that more professional workers are needed for such institutions.

## BEAUTY AIDS THE MIND

Doctors Find New Hair-Dos  
Perk Up the Mentally Ill

WASHINGTON, April 4 (UP)—  
Few things perk up a woman more than a new hair-do.

A number of state and Federal hospitals are capitalizing on this quirk of femininity in an effort to lift the morale of their mentally ill patients. The women are getting the full treatment—permanent, facial and shampoo.

Doctors do not contend these things cure, but they do say that sometimes a trip to the beauty shop is just the spark needed to send a patient along the road to recovery.

At least that has been the observation of Dr. Jacob Morgenstern, head of the Crownsville State Hospital near Annapolis, Md. The beauty treatment program has been in operation there since last fall with the help of American Red Cross volunteers.

The Baltimore Afro-American, February 17, 1951

## Crownsville Needs More Funds

Governor McKeldin's new budget grants Crownsville State Hospital only \$919 per capita allowance for its 2100 patients.

This per capita cost is far below that allowed another hospital for white patients at Spring Grove which was granted a per capita allowance of \$976 for its 2500 patients.

The State appropriated \$1,826,627 for Crownsville for 1951. Governor McKeldin's budget for 1952 is \$1,931,039.

This amount is an increase of \$104,412 over last year's grant, but \$660,209 less than the hospital requested on the basis of its expected needs.

The governor awarded an increase of \$104,000 for Crownsville and \$148,000 for Spring Grove.

The lower per capita award granted Crownsville will prove a hardship on that institution unless the deficit is made up in the governor's supplementary budget.

Comparatively speaking, Crownsville needs more money than the other institutions for several reasons. It needs to expand its Baltimore clinic service for one thing. It needs additional personnel for another. And it needs to expand its social service undertakings.

The institution, being the only one available in the State for colored patients, is still overcrowded, with limited care facilities.

There has been a disturbing increase in the number of teen-agers entering the institution and in the number of school teachers.

This situation should indeed promote the interest of a larger group of parents and of educational authorities in the welfare of the institution.

# Crownsville Farm Has Bumper Crop Of Huge Sweet Potatoes

A bumper crop of bumper sweet potatoes is being harvested at Crownsville State Hospital, according to Joshua Harvey, farm superintendent. Holding a seven and three-quarter pound sweet potato in his hand, Mr. Harvey said, "This is the first time in my 15 years experience as farmer here that I am estimating how many pies there are in a sweet potato rather than how many sweet potatoes there are in a pie." Pointing with pride to his full storehouse where the crop is stacked in rows of baskets from floor to ceiling, Mr. Harvey estimated that 13 planted acres had produced 2470 bushels of sweet potatoes or 190 bushels per acre, topping by 86 the national average for 1950 of 104.4 bushels per acre.

The sweet potato crop is not the only unusual crop raised at Crownsville this year. Tomatoes, squash, and egg plant have grown in such plentiful supply that Mr. Harvey has been able to share the produce with other State hospitals where the crop yield was not as satisfactory. A recent purchase of 400 acres of new farm land on the Whitney Landing road is the

source of Crownsville's unusual harvest. Soil conservation experts from the Department of Agriculture in Washington have analyzed the soil and pronounced it as rating 107 sassafras loamy and 103 sassafras fine sandy loam, the very best soil for vegetable crops to be found in this area.

"A First in its Community" award has also been given to Crownsville for winning The 1951

Greener Pastures Contest, sponsored by the United States Department of Agriculture. Fifty farmers of Anne Arundel county entered their pasture lands in this contest which is held annually by the Production and Marketing Administration of the Department of Agriculture with the Agriculture Extension Service of the University of Maryland.

VENING SUN, BALTIMORE, WEDNESDAY, OCTOBER 17, 1951

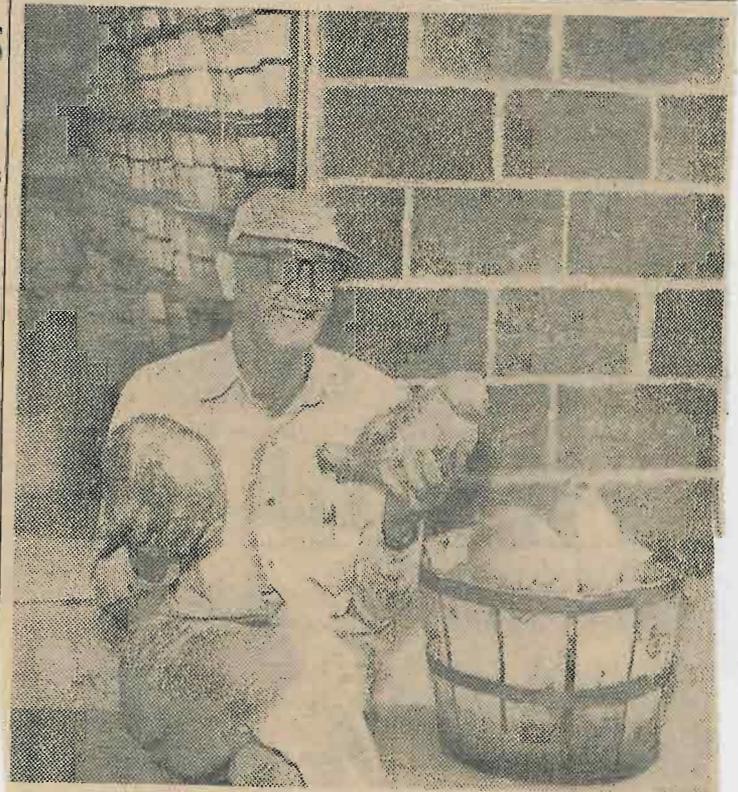
## Crownsville Reaps Bumper Crop

A bumper crop of sweet potatoes has been harvested at Crownsville State Hospital, the Department of Mental Hygiene reported today.

Not only is the crop plentiful enough to supply other less fortunate State hospitals, but the potatoes themselves are the biggest grown in years.

Joshua Harvey, farm superintendent, exhibited a 7¾-pound sweet potato.

"This is the first time in my fifteen years' experience as a farmer here that I am estimating how many pies there are in a sweet potato rather than how many sweet potatoes there are in a pie," he said.



Superintendent Harvey holds giant sweet potatoes.

Sunday, May 20, 1951

# Probe Asked Of Hospital 'Gas' Rumor

By William H. Smith  
Post Reporter

The Anne Arundel County, Md., Commissioners have been asked to investigate a spreading rumor that a gas chamber has been installed in the Crownsville State Hospital, to be used for liquidation of mental incompetents in case of an atomic bomb attack.

The rumor has been characterized as "fantastic," "silly," and "out of this world" by Dr. Jacob Morgenstern, director of the State mental institution.

Mrs. James Stewart Martin, wife of a free-lance writer of Weems' Creek, said yesterday she asked for the investigation in a letter to Commissioner Clarence Tyler of Eastbrook. She said she sought definite information for presenting in a formal report to the monthly Weems' Creek Community meeting June 11.

## Rumor in Recent Months

Mrs. Martin said the rumor has been current in the Annapolis area in recent months, but has been neither confirmed nor denied by "responsible officials." Another woman, a student in a Red Cross first aid class, said the rumor was given strength for several weeks by the class instructor who is an employe of the hospital. The student said the instructor discussed the gas chamber during a class session in St. Joseph's Hall at Gambrills.

The employe, Charles F. Nash, a practical nurse and volunteer first aid instructor, flatly denied the report. He said there had been no such discussion during the first aid course; that he

couldn't understand the origin of the reports, and insisted "someone has been badly misinformed."

A woman who attended the class said she and other members were "shocked" and "horrified" when Nash told them some of the mental patients would be disposed of to make room for other hospital patients in the event of an atom bomb attack on Baltimore. She quoted Nash as saying the gas cell had been built with funds provided by Congress.

Dr. Morgenstern not only denied the existence of a gas chamber at the hospital, but said the report was "almost too fantastic to deny." He said the hospital receives all its construction funds from the State of Maryland and does not get Federal financial aid.

## Story Held "Preposterous"

"If anyone believes this preposterous story, he's welcome to come to the hospital and see for himself," Dr. Morgenstern said. All the hospital's facilities, he

added, are open to public inspection.

The hospital director noted that more than 400 persons visited the institution during open house on May 3. If there had been a gas chamber in existence, he said, "some of them certainly would have seen it."

In her letter to Commissioner Tyler, Mrs. Martin asked: (1) Is it true that gas chambers have been set up, constructed at Crownsville? (2) Is it true these chambers are for inmates who would be considered undesirable in case of an atomic war? (3) Is it true these chambers hold a thousand persons? (4) By what act was the county or state empowered to build these? (5) Whose decision would determine who was the county or State employe? (6) Would persons from this county only occupy these chambers or would they come from all over the State? (7) Have other States constructed such equipment?

6—EVENING CAPITAL, Annapolis, Md., Wednesday, Nov. 19, 1952.



# Letters On The Maryland Mental Hospitals

## Nurse Relates A Hospital Story

TO THE EDITOR OF THE EVENING SUN — *Sir*: Congratulations and thanks for publishing those articles about mental hospital inadequacy. Maybe now that you have opened up the doors to these hospitals, those in authority may be shamed into action.

Obviously their love for humanity and the good-neighbor policy they shout at you during election time hasn't prompted any improvement. Recently I heard an attendant at a State mental institution bragging about his ability to handle large numbers of the inmates. "Oh, it's simple," he said. "Just put a bar of soap in a sock and beat them. It don't leave no marks."

I am sure there are many nurses; in fact, I know of several, who love psychiatry and would willingly go into the field if the conditions were improved. Let Governor Lane give our pennies toward the rebuilding of the State mental hospitals. Then we would willingly pay the tax.

Thanks again for your interest in those who are so often forgotten.

CATHERINE E. ALTHOFF, R.N.  
Baltimore, Jan. 14.

SUN—*Sir*: The politicians will spend millions at College Park on athletic facilities; millions will be spent on a new State Office Building; millions will be spent on the new Bay Bridge.

How much will be spent to improve the disgraceful conditions at the various state mental institutions? Could the fact that the unfortunate inmates in these "snake pits" cannot vote have any bearing on the matter?

CHARLES EDWARDS.

Baltimore, Jan. 12.

## Tunnels

TO THE EDITOR OF THE EVENING SUN—*Sir*: After reading your articles on the deplorable conditions that exist in our State mental institutions, the members of the State Legislature in all probability will decide to build another tunnel at Annapolis. Maybe they can do a little tunneling into these conditions. But no, they might get wet. Poor fellows!

C. ROGERS HALL, JR.

Baltimore, Jan. 11.

## Bridges And People

TO THE EDITOR OF THE EVENING SUN—*Sir*: It seems to most women in reading *Sunpapers* reports of conditions in our mental hospitals that the care of the sick is more important than building bridges or making city improvements.

It has been suggested at the various meetings that those poor people, mental cases, have no votes or money and that is one reason politicians take no interest and don't bother.

People are more important than bridges which comparatively few—especially women—use; and since we pay taxes—both kinds—our views are entitled to more consideration. A. H. SAVAGE.

Baltimore, Jan. 10.

## "Under Cover Too Long"

TO THE EDITOR OF THE EVENING SUN—*Sir*: First I want to congratulate the *Sunpapers* and especially Mr. Norton for bringing out in the open this horrible story of the conditions that exist in all of our mental hospitals. It is something that has been "under cover" too long.

Thank God we still live in a country where a paper and its people can express themselves when it comes to things like this.

Who is responsible? Why does this nightmare exist? Our dogs and cats are treated better.

Must we have a beautiful stadium and wonderful roads for the fortunates when human beings are being treated like animals? If we haven't enough money, which I very much doubt, why not put on a drive. We have drives for everything else.

Here's hoping that we all wake up and bring this disgrace to a boiling climax and that great good will follow thereafter.

EDNA M. MULLER.

Baltimore, Jan. 14.

## "Should See For Himself"

TO THE EDITOR OF THE EVENING SUN—*Sir*: Governor Lane should visit these institutions unannounced and see for himself, plan the corrections, furnish the money necessary. Then make sure his orders are carried out.

EUNICE MILLER, R.N.

Baltimore, Jan. 12.

### Indignant Student

TO THE EDITOR OF THE EVENING SUN—Sir: Why don't we give the ex-GI's a bonus? Sure, that would be nice, but—if Maryland is so rich that she has to get rid of her money, how about the insane sanatoriums? There's always pictures published and articles written about it, BUT WHY IN THE WORLD DOESN'T SOMEONE DO SOMETHING ABOUT IT?

I'm just a high school student and my friends and I have no say in the government or anything, but because this is a free country, we can express our views. . . . We want the world and our State of Maryland to be a better place in which to live. That is why I am writing this letter.

I think these conditions are simply terrible. Isn't there a law of some kind about it? Isn't there a committee of some kind to alter that treatment? Do these people pay for decent treatment that they don't get? If so, that is against the law. . . .

If people would realize that mental illnesses are no worse than any other illness, and not to be hidden or whispered about, maybe treatment would be better. Until they do realize this no one will help them.

If someone would start a fund for this I'm sure people would contribute. No offense meant to the veterans, but they are already well supplied for. . . .

JOAN KALKRUETH

Baltimore, Jan. 10.

### A Concentration Camp Parallel

TO THE EDITOR OF THE EVENING SUN—Sir: The deplorable conditions now existing in Maryland's State institutions compare with the German concentration camps at their worst. We were horrified during the war to learn of the brutality and filth that existed in those camps. Let us be equally horrified to learn of the same conditions existing in our own State.

Let us not be lulled to sleep by Governor's Lane's serene statement that these inhuman conditions exist in every state, or by Senator P. G. Stromberg's statement that we must not be swept off our feet, even by factual, well-written articles. I dare say if Senator Stromberg had relatives rotting in these cesspools of filth his emotional status would be quite different.

Let every Marylander firmly resolve to let his or her voice be heard so that the now existing conditions in our State institutions will be cleaned up. If this is not done let there be many new faces in Maryland's political family next election.

ALBERT H. SPRINGER.

Baltimore, Jan. 14.

### What Money Can Do For The Hospitals

TO THE EDITOR OF THE EVENING SUN—Sir: In *The Evening Sun* of January 11, Governor Lane is quoted in connection with Mr. Norton's articles, as saying that after all, "Maryland's mental hospitals rank favorably with those of other states" and that sufficient doctors and nurses to adequately treat and care for the nation's mentally ill "simply do not exist." "Not enough information is yet available to point to a solution," he said, but added that he does not believe it lies entirely in "money and buildings."

It seems to me that this is an extremely inept approach to long-term criminal negligence for which we are all to blame. To say that we cannot adequately meet the situation anyhow is to encourage us all, from the Legislature on down, to dismiss it once again from our minds, as we are so prone to do when we run head-on into our plain responsibilities.

Suppose we can give only custodial care to this group. Money, just plain, ordinary money, will provide fire protection, blankets to cover flaked patients, and other necessities for hygienic living conditions, including toilets and chairs.

It would provide salaries and pleasant living quarters, commensurate with the difficult jobs done by attendants and other personnel, likewise, dietitians and edible food, simple facilities for recreation and occupational therapy for those able to use them, and elementary on-the-job training in the care of the mentally ill.

All of these things, all, I repeat, can be bought for money, and would enable patients to live as ill people live in any decent hospital, rather than on a level that would be substandard for pigs.

How can we, as taxpayers, and Christians, even think in terms of such frills as renovation of the State House (with tunnel to protect our representatives from the elements), stadia, a bay bridge, while our helpless, inarticulate mentally ill wallow in their own filth, or degenerate into an apathy from which there is no recovery?

SUE S. McCANN,

Baltimore, Jan. 15.

### Governor's Statement Contradicted

TO THE EDITOR OF THE EVENING SUN—Sir: I have been quite interested in your publication of "Maryland's Shame" and this interest was probably greater due to the fact that I personally have done considerable work for such institutions in the State of Pennsylvania.

I was amazed to read Governor Lane's statement in the paper yesterday to the effect that the Maryland institutions were no worse than those of other states.

If my experience can be taken as authority, I would like to contradict the Governor's statements for in the ten years I served the several Pennsylvania institutions I never saw one thing that even approached the terrible conditions that have been illustrated in your paper.

One institution which I served, the Pennsylvania Feeble Minded School at Elwyn, Pa., to me gave outstanding attention to the needs of the inmates. I know that medi-

cal attention was given; that schools were provided to teach; and they even went so far as to have school plays, several of which I attended and which were a credit to any school. They had lots and lots of athletic activities.

One day, while driving from the road to the administration building, I picked up the mother of one of the inmates and took her to the particular building where her son was stationed. We discussed the school in general in our conversation and this lady and mother said to me, "I hesitated a long time before I would give my consent to send my boy here, but I am glad that I did, for now I know he gets better treatment than I could ever hope to give him and he will be taken care of as long as he lives."

Could anyone say this who has a loved one in one of our Maryland institutions?

C. D. LUTTON.

Baltimore, Jan. 15.

## Eye-Opening Shock

TO THE EDITOR OF THE EVENING SUN—Sir: Howard M. Norton's series of articles on the condition of the State mental hospitals of Maryland has opened my eyes to a situation that I did not know existed and has shocked me.

Is it possible that the State of Maryland is more concerned with roads, bridges and stadium roofs than with human life? Is it possible that we are going to stand by and watch appropriations made for every little whim and fancy that the politicians of Maryland dream up, while the patients of our mental institutions die and rot in their beds (?) for lack of proper facilities and adequate care?

I would like to suggest that a portion of the Maryland State sales tax, which I understand is in excess of the original figure set forth, go to our State mental hospitals as a start in the alleviation of their critical financial difficulties. I am sure that the people of Maryland would not mind paying out their pennies if they knew that the money collected would be used for such a worthwhile cause.

DOROTHY CREAMER.

Baltimore, Jan. 13.

## "A Locked Door"

TO THE EDITOR OF THE EVENING SUN—Sir: Why hasn't the general public known the worst conditions before? One reason is that when a visitor calls to see a patient at the regular visiting hours, he goes to the office and gives his name and name of patient to be seen, and is then directed to the proper building. At this building you stand before a locked door until your patient is prepared for you to see. You do not see where and how he is regularly kept.

As to the sales tax, whenever I bought a thing this past year, the clerk would say, "Two cents for Mr. Lane." Whereupon I answered, "Don't say that. Mr. Lane is all right. I approve of the sales tax—it's for our hospitals." I hope and pray that I was right.

ANNETTE W. SMITH.

Taneytown, Md., Jan. 12.

## Assembly Visits

TO THE EDITOR OF THE EVENING SUN—Sir: My father-in-law, Major John S. Gibbs, was chairman of the board of trustees of Spring Grove and he and other public-spirited men worked to maintain the highest standards at that institution 40 years ago.

Then there was a law that a committee from the General Assembly was to visit such institutions annually and see that they were run properly, and I am sure that everyone felt that our representatives would have sufficiently decent instincts to demand proper care for inmates. Who are the people who have allowed these terrible conditions to develop?

CORNELIA A. GIBBS.

Baltimore, Jan. 11.

## Points From Letters

### Retirements Suggested

In following the deplorable condition in our mental state hospitals I hope the very first thing to be done will be to give the poor unfortunate people quick relief. Next, I hope all who are responsible in any way for neglect of those sick ones are brought to trial, convicted, severely punished, and retired to private life.—FRANK N. WEBB.

### Pictures Still Haunt

Since reading the article on "Maryland's Shame," in *The Sunday Sun*, the pictures accompanying the article have haunted me. I hope they continue to haunt me and very citizen until something is done to remedy this appalling condition.—ABBY RICHARDSON.

### Hope For Results

The whole thing is a disgrace to our State and why something has not been done long ago by people who knew these conditions exist,

I can't understand. I'm glad you are bringing the deplorable situation to light. Here's hoping it will result in some immediate action to alleviate the sufferings of our unfortunate citizens.—MRS. MILTON H. ULRICH.

### Euthanasia Alternative

Recently I read of a proposed law in New York to put those suffering from incurable diseases to a "mercy death." After reading Mr. Norton's articles, I think that those who are incurably insane should also be given a "mercy death" rather than endure life in a mental institution.—MRS. FRED McCLELLAND.

### Hospitals And Stadium

I am thoroughly in favor of roofs for our veterans and homes for the unemployed who are being evicted, but not for the Stadium. Have you read the papers about our mental hospitals?—MRS. W. SCHAEFER.

## Expose Overdue

TO THE EDITOR OF THE EVENING SUN—Sir: My congratulations on your exposé of conditions in Maryland institutions for treatment of mental diseases.

This is long overdue.

Do you know whether or not the practice now is to line up female patients for baths and force them to bathe in the same water in the same tub?

I am dead sure great good will come from these articles.

GEORGE W. CRABBE.

Baltimore, Jan. 10.

## Hospitals Form Blot On State's Name

TO THE EDITOR OF THE EVENING SUN—Sir: *The Evening Sun* of January 11 carried a report of Governor Lane's defense of the condition of Maryland's mental hospitals. This would certainly seem to show that Mr. Lane has a very low opinion of the public's intelligence.

Making the grand understatement that Maryland's mental hospitals are greatly in need of improvement, he states that we compare favorably with other states in this matter. Now really! Every other man in the section in which I live beats his wife twice a day. I beat mine only once a day. Therefore I am a kind and virtuous man. Isn't this a bit ridiculous?

This is an indelible blot on the name of Maryland and comparison with other states will do nothing to lighten the shame.

THOMAS W. HERMAN.

Baltimore, Jan. 12.

## Sliding Scale Suggested

## Junior Chamber Of Commerce View

TO THE EDITOR OF THE EVENING SUN—Sir: It was with great interest that the J.C.'s in Hagerstown read your articles in your paper about the deplorable conditions in our State mental institutions. The State Junior Chamber of Commerce has been cognizant of the situation and two years ago made a survey of the conditions which were reported to the Governor along with a plea that something be done about it.

I believe that additional funds were slated for our State mental institutions, but apparently the action taken was a mere drop in the bucket as to what should be done.

We are hopeful that you, through the power of the press, will tell the people the exact situation so that the people will demand that the State rectify a situation which is extremely cruel to our mental patients and so that Maryland can face the rest of the country and say that we are proud of our institutions and that we give our patients a fair chance of recovery.

By resolution of the Board of Directors.

C. L. KEPHART,

Corresponding Secretary, Hagerstown Junior Chamber of Commerce.

Hagerstown, Jan. 12.

## Points To New Jersey

TO THE EDITOR OF THE EVENING SUN—Sir: What is the Governor of Maryland trying to do in the matter of the horrible conditions in the mental hospitals, sidestep the issue? He evidently hasn't investigated other states' mental hospitals very far.

He need only go to Marlboro State Hospital in New Jersey to find a hospital that far outshadows our hospitals here in appearance, care of patients and up-to-date-ness of the place.

If New Jersey can have this, Maryland can have as good and better. Let us all insist that our two per cent State tax be put to some good use instead of sitting in the State's coffers while these conditions go on. Legislators, get busy and make this matter a real issue and see to it that these conditions both for inmates and attendants are rectified and that we have real hospitals and not something that belongs to the Middle Ages.

ARTHUR F. PERKINS.

Baltimore, Jan. 12.

## Seeks Causes

TO THE EDITOR OF THE EVENING SUN—Sir: Your splendid job in revealing the conditions obtaining in our mental hospitals is a great contribution. It is appreciated by every normal individual.

As one intensely interested, would it be within your province and are you willing in presenting this subject to give as far as you can the causes for those unfortunate victims, being what they are?

Also, if you can, would you state how many of the population of our mental institutions could be safely cared for in their homes? Further, do you think this immense problem can be handled by men in the medical profession, or do we need someone entirely detached from this group whose business acumen would seize the reins of management and leave doctors entirely to care for the mentally sick?

Personally, I know of relatively many mentally sick people who would not be allowed by their families to be shunted off to a public institution under the existing conditions.

E. H. HUTCHINS, M.D.

Baltimore, Jan. 12.

EDNA M. MULLER.

Baltimore, Jan. 14.

## Gas Chambers Preferable

TO THE EDITOR OF THE EVENING SUN—Sir: After my return from Hitler's Austria in 1939 to our lovely country it did not occur to me that I might ever think that that mad little paper hanger had been right in even one small thing—much less in an important matter.

Since reading the most horrible story ever printed in the *Sunpapers*—or to my knowledge, anywhere—I am forced to believe that his gas chambers were places of mercy compared to our institutions for the insane.

I know that this situation has been brought to the notice of the public on other occasions. I know that it is a human failing to shut one's eyes to the disagreeable facts of life. However, this is something that could happen to you or me.

I would prefer a painless death in a gas chamber to a sojourn in such a place. Should I suggest the gas chamber? If the richest country in the world cannot take care of its unfortunates, when even some of the savage races care for those who have lost their minds, I hope that when I lose my mind, officially, I may be in the hands of the so-called savages!

EDITH WELD KELLER.

Baltimore, Jan. 15.

## "All Willing"

TO THE EDITOR OF THE EVENING SUN—Sir: Infringing on an "Inquiring Reporter's" role, I have asked many people how they felt about the conditions of our mental hospitals. I have also asked how they would react to another penny on the sales tax, said penny to go solely to the mental hospitals. They were all willing.

Let our State be not only as good as other states, let our State be the best of all states to those unfortunate citizens who are inmates of such hospitals.

MARGARET MCKIM GORDON.

Baltimore, Jan. 14.

## Call For Action

TO THE EDITOR OF THE EVENING SUN—Sir: The series of articles by Mr. Howard Norton on the deplorable condition of our State's mental institutions has certainly opened the taxpayers' eyes. It is about time something was done to relieve these horrible crimes against the individual. As a taxpayer, I would certainly want to see my money used first for the relief of human suffering, and only later for deferrable projects.

The General Assembly should appropriate enough money to give decent housing and care to these poor souls who cannot look out for themselves. If only the citizens of Maryland would write and protest this situation, maybe we could obtain some action.

MISS E. JEANNE NEW.

Baltimore, Jan. 14.

## Sliding Scale Suggested

TO THE EDITOR OF THE EVENING SUN—Sir: Your recent articles by Mr. Howard Norton have set forth deplorable conditions existing in the State mental institutions, but obviously additional funds would remedy many of these conditions.

Has the State ever considered putting into effect a sliding scale of rates in accordance with ability to pay?

At present, as I understand it, the family is billed a flat rate of \$30 per month, if they acknowledge responsibility, or the patient is admitted as a free case. It seems logical to assume that many families would gladly pay a rate somewhere in between the approximate minimum of \$70 per week, plus extras, as charged in private institutions (which very few can continue to pay for any length of time), and the \$30 a month State rate. No one who can afford more should expect the State to board and care for a member of his family at the prevailing rate of \$1 per day.

Then, consider the unfair burden on the taxpayer. Along these lines, I feel that the economic status of all patients and their families should be reviewed. The financial condition of many has changed materially for the better since their relatives were accepted as free cases or admitted at the \$30 per month rate.

HETTIE B. GIBB.

Baltimore, Jan. 14.

## "How Much Will Be Spent?"

TO THE EDITOR OF THE EVENING SUN—Sir: The politicians will spend millions at College Park on athletic facilities; millions will be spent on a new State Office Building; millions will be spent on the new Bay Bridge.

How much will be spent to improve the disgraceful conditions at the various state mental institutions? Could the fact that the unfortunate inmates in these "snake pits" cannot vote have any bearing on the matter?

CHARLES EDWARDS.

Baltimore, Jan. 12.

## Tunnels

TO THE EDITOR OF THE EVENING SUN—Sir: After reading your articles on the deplorable conditions that exist in our State men-

## AWARDS PRESENTED AT THIRD MENTAL HOSPITAL INSTITUTE



*Achievement Award winners smile as Dr. Daniel Blain, MHS Director, congratulates Dr. Max E. Witte, Superintendent of Independence (Iowa) State Hospital, holding his certificate for the First Award.*

*L. to R.: Dr. Cleve C. Odom, Arkansas State Hospital, Little Rock, and Dr. George W. Jackson; Dr. Jacob Morgenstern, Superintendent of Crowsville (Md.) State Hospital; Dr. A. M. Gee, Crease Clinic of Psychological Medicine, British Columbia; Dr. Witte; Dr. Blain and Dr. John A. Anderson, Topeka (Kansas) State Hospital.*

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## BANQUET AND BALL

The banquet on Wednesday evening was marked by the absence this year of a principal speaker, which permitted emphasis on presentation of prizes and awards, and enjoyment of dancing at an earlier hour. Leo Bartemeier pinned the Past President's Badge on John C. Whitehorn. The latter presented certificates of commendation to retiring officers and committee chairmen. Among the recipients were: the four Councillors, Henry Brosin, D. Ewen Cameron, Jack Ewalt and Winfred Overholser; retiring Comm. Chmn., Robert H. Felix, (Co-ord. Comm. on Community Aspects of Ps.); Exie Welsch (Acad. Ed.); Oskar Diehelm (Alcoholism); George E. Gardner (Clin. Psychology); Geo. H. Stevenson (Internat. Rel.); S. Bernard Wortis (Med. Ed.); Calvin S. Drayer (Mil. Ps.); William H. Dunn (Membership); Paul V. Lemkau (Publ. Health); Benjamin H. Balsler (Resolutions). Dr. Whitehorn's certificate of commendation as retiring President was presented by the incoming President, Leo Bartemeier.

The Mental Hospital Achievement Award was presented by Samuel Hamilton to three hospitals. First prize, Independence State Hospital, Independence, Iowa (Max E. Witte, Supt.), "Progress and Change of Atmosphere"; Second Prize, Logansport State Hospital, Logansport, Ind. (John A. Larson, Supt.) "Progress in the Transition from a Custodial Institution into a Treatment Hospital"; Third prize, Crease Clinic of Psychological Medicine, Essondale, B. C., Canada (A. M. Gee, Dir. of Mental Health Services), "Establishing a Clinic". The Mental Hospital

Service Consultants, who this year acted as judges, found that so large a number of hospitals merited an award that they granted honorable mention to three: Topeka State Hosp., Topeka, Kans. (L. P. Ristine, Supt.); Crowsville State Hosp., Crowsville, Md. (Jacob Morgenstern, Supt.); and Arkansas State Hosp., Little Rock, Ark. (Geo. W. Jackson, Supt., now Comm. of M. Hosps., Texas).

The American Psychiatric Association Mental Hospital Service

presents its ACHIEVEMENT AWARD

to Crownville State Hospital

for outstanding accomplishment in improving the care and treatment of its patients  
HONORABLE MENTION - 1951



Samuel S. Kamin  
PRESIDENT AMERICAN PSYCHIATRIC ASSOCIATION

William Tack  
SECRETARY AMERICAN PSYCHIATRIC ASSOCIATION

Winifred Orsholzer  
PRESIDENT AMERICAN MENTAL HOSPITAL SERVICE

David Blain  
SECRETARY AMERICAN MENTAL HOSPITAL SERVICE

MEDICAL ASSOCIATION OF ISRAEL  
 ההסתדרות הרפואית בישראל

Membership Certificate

No. ....

תעודה

This certifies that

Dr. .... Jacob Morgenstern  
 of .... Crownsville

has been elected a Member  
 of the Israel Medical Association.

בזה הננו מאשרים

שד"ר יצחק מורגנטרן  
 מ קרובסוויל

נתקבל כחבר-חוק של  
 ההסתדרות הרפואית בישראל

.....  
 President  
 Secretary



.....  
 מזכיר  
 סיון ג'ש"ה  
 תל-אביב, תאריך

Tel-Aviv, Date June 1950

## THE VALUE OF AN INTERRACIAL STAFF

Crownsville State Hospital, with twenty-one hundred patients, is the only hospital in Maryland for the colored mentally ill. In addition to the main group of psychotic patients, the hospital maintains divisions for the criminally insane and the mentally defective. Since its beginning in 1910 until September of 1948 the hospital had been staffed by white personnel. At that time it was decided by the administration of the hospital that progress in patient care would be achieved by employing colored employees. It was believed that the patient would feel more comfortable and relaxed in an environment where he had members of his own race as staff members to talk to. We further felt the confidence of the colored community would be bolstered by the addition of colored workers and also, that because of its location in a southern state, the hospital would provide a much needed training ground in the psychiatric field for young Negro students graduating from colleges and looking for experience in this field. Finally, it was felt that the white staff members would benefit from the experience of working side by side with colored staff members; that his acceptance of a colored co-worker would aid in his emotional acceptance of the colored patient.

Doubt and opposition faced the administration from many quarters when our interracial program was started. In many cases overt hostility made progress difficult but such doubt, opposition and hostility was met by the administration with the explanation that a lack of acceptance of colored workers indicated a lack of acceptance of colored patients. The task of the administration was helped by the colored workers who met hostility, when it occurred, with understanding and restraint. Today, twenty-one colored workers are functioning successfully in every department of the hospital, including social workers, psychologists, teachers, registered nurses, an occupational therapist, beautician, stenographer, laboratory technician, dentist and attendants.

The success of our interracial program can be measured by several factors. First of all there is a feeling of security on the part of the patient which is the result of identification with the colored staff members. And from the colored staff members comes first-hand knowledge of Negro environment which has proved invaluable in a better evaluation of dynamics, enabling the staff to better diagnose and treat the patient. More important, however, than the obvious rapport between the colored patient and staff member is the deeper understanding between white employees and patients. The patient who sees acceptance of colored staff members by white employees feels some part of that acceptance. Also, seeing Negroes occupy positions of authority and responsibility and commanding the respect of white employees gives the patient a feeling of his own sense of worth and dignity. That there has been real emotional progress made in the hospital in the area of race relations can be seen on both patient and employee levels. White attendants dance with patients, participate in games with patients and offer their help to patients, not with a feeling of tolerance, but with the feeling of real brotherhood. On the employee level, there is a feeling of acceptance, on the part of both races, which can be seen at employee parties where colored and white employees carry over their friendship. And the Negro community is taking greater interest and pride in the hospital now that they feel a share in the administration.

The administration of the hospital, both colored and white, takes pride in this successful program. We feel we are giving the patient, the staff, and the community a better hospital. In naming the superintendent of the hospital in the Afro-American Honor Roll, the colored community has given recognition of the success of an interracial staffed hospital.

*Mental Hospitals, 111 11 5/52 = vol 3, No. 15*

# FAREWELL TO CROWNSVILLE

Dear Friends:

This is written in response to a request from the editor of The Crown for a farewell message. Farewell indicates that I am leaving. It is hard to believe that I should or could do it ... and many of my friends are asking, "Why?" Well, I still wonder myself, how I could make up my mind and ask for the transfer to the Department of Mental Hygiene.

In recent days I couldn't help thinking about Crownsville and myself, about the day more than 11 years ago, to be exact October 13, 1941, when I started working here as a Junior Physician. I remember the sickening feeling which fell upon me upon entering the Male Infirmary on that morning, the stench and the ill-clad, noisy, disturbed mass of patients herded together in a line to get intravenous treatments. I remember that for a moment I wondered whether I should run away and then I started to look at the sad, the unhappy faces, at the great misery and I remembered my oath as a physician -- to help people, to do anything in my power to relieve pain and misery -- and I sat down, took the syringe and suddenly I felt relieved. My urge to help these unfortunate human beings who were so badly in need of acceptance and care grew, it became stronger day by day, year by year, and as the days and the years went by I realized I became a part of Crownsville myself. I remember the terrific strain during World War II, the shortage of help and the time when only two physicians and a mere handful of attendants had to take care of the entire hospital -- 1600 patients. I still wonder how we weathered this stormy period. The post-war period brought new problems and difficulties. I was doing the job of Clinical Director, only to be appointed to that position a few weeks before Dr. Winterode retired on May 1, 1947 and then I was asked to assume the position of Acting Superintendent until I was appointed by the Board of Managers as Superintendent on December 18, 1947. It was a trying period. How often I wondered whether I could stand the strain, the hostile, slanderous and malicious remarks of some of the newspapers and their distorted articles. The tremendous efforts to put the hospital on a better footing, to improve the care and treatment of the patients were put to a severe test. In spite of the heartaches caused by adverse criticism, our determination didn't falter. We embarked on a program to get more and better personnel. We were faced with an extreme lack of facilities for employees. How could we expect to attract stable employees when a great many of our employees were forced to live in converted chicken coops and similar houses around the hospital because the hospital did not have adequate facilities. The employees' dining rooms were in the patient area and the meals had to be taken hastily amidst noisy and disturbed patients.

You are cordially invited to join with a group  
of friends and associates in extending good  
wishes to

DOCTOR JACOB MORGENSTERN

on the occasion of his transfer

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Reception and Buffet Supper  
Hospital Cafeteria  
Tuesday, January 27, 1953  
Seven P. M.

Subscription \$1.00

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Numerous conferences with state officials were held and funds for new construction both for patients and employees, were urgently requested. Numerous investigators flocked to the hospital requesting information and explanations beyond the scope of our responsibilities and knowledge. The Norton Articles in The Sun Papers added to the difficulties by purposely omitting the accomplishments of the hospital and only elaborating on its shortcomings. The increasing difficulties seemed to only double our efforts and looking back at the hospital as it was in 1947, I feel that hardly any person would have dreamed that such a change could take place in such a short period of time. Our employees' village with adequate housing accommodations for employees, a well-equipped cafeteria and recreational area speak for themselves. The convalescent cottages with 312 beds which are in the process of occupation, the admissions building under construction, and the re-modeling of the existing facilities, will in a short time relieve the overcrowding on the wards. Now the hospital has a staff of 14 physicians, among them three diplomates of the American Board of Psychiatry, two dentists, an outstanding Director of Psychiatric Education and a famous Pathologist in charge of the Laboratory, which is up-to-date in all respects, equipped to aid the staff with EKG and EEG examinations. In 1947 there was only one Lab Technician who took care of both the Laboratory and Pharmacy. Instead of one social worker as in 1947, today the Social Service staff has 12 members and 2 students providing up-to-date social service for the patients. A new Psychology Department was started and now has 9 members. Professional nursing almost non-existent in 1947, today is playing a prominent position on the treatment team. There are now 14 Registered Nurses. The GPN courses were resumed in 1949 and since that time 53 have graduated in this course, 30 of whom are working at the hospital. An Affiliating Program was started in 1951 and there have been 6 groups with a total of 87 students participating. The need for a beauty shop was realized and such services were instituted on both the Male and Female Service. The Dietary Department was expanded with professional dietitians in command of the preparation and planning

of food services. The establishment of a Recreation and Rehabilitation Department is another progressive step in aiding new prospects for employment for our patients and creating recreational habits. The emphasis of opening the hospital to visitors created great interest and acceptance of the hospital by the public, leading to an organized Volunteer Activities Department for which the hospital received an Achievement Award from the American Psychiatric Association in 1951. The increased staff made it mandatory to employ a Personnel Officer and this step proved quite a success and has helped the administration to provide and maintain an adequate staff.

The urgent need for an institution providing professional training for Negroes in the state of Maryland led to an integrating program which was started in 1947. In spite of adverse criticism and open and anonymous threats this program was continued. Today, approximately 125 Negroes are an important part of the staff of the hospital. It was felt that the patients' needs for acceptance were tremendously helped by employing Negroes in high echelon positions.

I am very happy about all these accomplishments since it has raised the level of the institution and its recognition as a training center in Psychology, Nursing, Social Service, Rehabilitation and of course Psychiatry. All these and many more improvements, which I cannot enumerate, have, of course, contributed tremendously to the welfare and the care of the patients of the hospital. The 50% drop in the death rate, the decrease in the Tb rate and the high percentage of patients returning to community life are accomplishments of which any hospital can be proud.

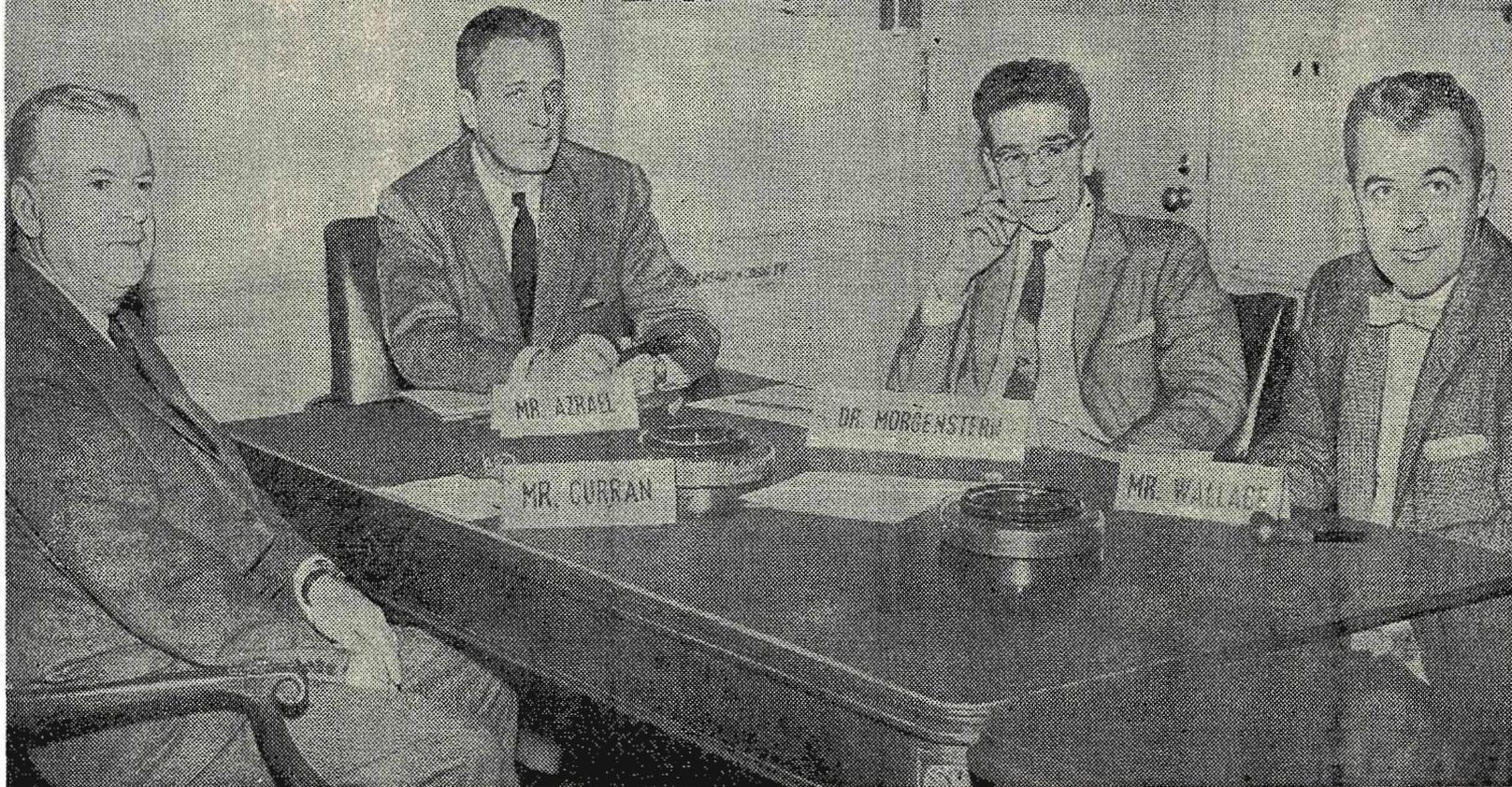
To answer the question, Why, under such circumstances, in spite of all these improvements, I leave the hospital, I find myself at a loss as to what to say. I think the main reason for my desire for a change in my position is to spend all my professional time with patients. My administrative duties have unfortunately kept me too much away from the wards and direct contacts with patients. I have especially been interested in patients who, in addition to their emotional disturbance, and in some cases due to their emotional disturbance, have come in conflict with the law. I feel a certain inclination for forensic psychiatry and intend to do some research work in this important field of human behavior. This opportunity was offered me by the Commissioner by appointing me to the position of Director of Correctional Psychiatry. Actually, I am not leaving the hospital. Too much of myself has been rooted here and I do not intend to uproot myself from Crownsville. I intend to continue the ties with the hospital and with my friends here who have helped me to carry the burden of this immense job and have helped me to make it a good one. I do hope that my friends and employees will show the same loyalty to my successor, Dr. Eichert, whom I have known for a number of years and whom I am sure will continue to improve the hospital in reaching the goal I set for this hospital -- to be one of the outstanding institutions of the nation.

I cannot close this farewell message without giving due credit, heartiest thanks and gratitude to each and everyone of you who have helped me to raise the hospital to its present high level of performance. I hope and pray that God will continue to favor Crownsville and bless all patients and employees with health and happiness.

Good Luck To You All.

Jacob Morgenstern, M. D.

# Panel Of The Week



# How Good A Job Are State's Prisons Doing?

*Your 'Panel Of The Week'  
Tackles Critical Question*

**W**HAT about Maryland's prisons? How well do they do the job? What is needed to help them keep prisoners safely away from society and to send as many as possible back into society as honest, useful members? Do we need more prisons? Should there be changes in treatment for prisoners?

\* \* \*

THESE questions, and many related ones were discussed for more than two hours this week in the Conference Room of The News-Post and American by three of the state's outstanding experts in the field. They are:

JAMES W. CURRAN, state superintendent of prisons.

DR. JACOB MORGENSTERN, head of the state's new maximum security institution, to open early in 1960 at Jessups.

JOHN A. WALLACE, director of probation, Baltimore Supreme Bench.

LOUIS AZRAEL, of The News-Post and Sunday American Staff, was moderator of the panel.

\* \* \*

THE discussion opened with a statement by Curran of the problem's scope and a frank admission of present inadequacies. He said:

"The five state penal institutions—the Penitentiary, the Reformatory for Males, the Reformatory for Females, the House of Correction and Patuxent—now have 5,539 inmates. They were built to hold 3,800.

# Conclusions

The three men were in general agreement on several points:

- The state's prisons are woefully, dangerously overcrowded and more prison space should be provided. But this is not enough.
- An enlarged, improved probation system can reduce the number of people sent to prison.
- An enlarged, improved system of psychiatric and psychological treatment can do much to rehabilitate prisoners so they will be useful members of society, rather than commit more crimes and come back.
- One of the weakest links in Maryland's judicial system is its magistrates' courts. Probation services for these courts would not only reduce the prison problem but, even more important, would save many first offenders from lives of continued crime.

supporting their families — which otherwise would have gone on welfare.

**Curran:** An interesting fact is that over 97 per cent of men imprisoned for non-support are physically qualified for employment.

**Dr. Morgenstern:** In many cases men refuse to support their wives, even to the point of risking jail, out of a feeling of revenge. It is important, therefore, either before imprisoning them or during imprisonment, to find out: revenge for what?

If they can be made to understand why they have this feeling, and to see they have this feeling in perspective, a long step toward curing them has been taken. This is a function of psychiatry.

**Azrael:** Let's turn now from probation by magistrates, ac-

tually get no probation at all, in the proper meaning of the word. They get no supervision. They go back to the environment which led to their first trouble with no help toward keeping out of trouble again.

**Dr. Morgenstern:** And once in prison, not nearly enough is done to set them straight.

Officials of the institutions do the best they can. The penitentiary and the women's reformatory have psychiatric and psychological services, but psychiatrists are hard to get for such work—certainly at the salaries that are now paid. And the House of Correction and the Male Reformatory have no psychiatric services at all.

**Azrael:** Doctor, do you feel that many adult criminals can be set straight by psychiatry; can be induced to remake their ways of life?

**Dr. Morgenstern:** I do. We can't cure all, or nearly all. But when one considers the benefits that can come from changing a criminal into a useful, decent person—the benefits to himself, his family, the removal of the danger to society—I have no doubt the effort is well worth the expense.

**Curran:** The way I feel is that society has been trying to deal with criminals for ages and ages—and it has failed. Just keeping them locked up has failed; just making them

“In part, the situation is relieved because we use some men in labor camps. Even so, the overcrowding is dangerous and it prevents us from doing the job we should be doing toward rehabilitation of prisoners.”

Here is a digest of the panel exchange that followed:

**Azrael:** Where is the overcrowding worst?

**Curran:** At the House of Correction and the Male Reformatory. It is a shame to keep 350 kids, around 18 years old, in the basement of the reformatory. And at the “Cut” (House of Correction) beds are so close a man can hardly walk between them. Such crowding creates tensions, hostilities and an ever-present danger of violence.

**Azrael:** And how does the overcrowding affect the institutions' ability to rehabilitate prisoners?

**Curran:** We have educational programs, industrial programs, psychiatric programs and many other programs to help prisoners. Overcrowding negates them. The physical problem, and the space problem, of having double feeding times, double recreation times, etc., is, in

itself, an enormous stumbling block.

Exchanges between the three experts then developed possible solutions to prison overcrowding. They boiled down to:

Having fewer persons sent to prisons.

Getting more prison space.

Getting a quicker turnover in prison population.

All three are necessary, the experts agreed, and the conversation turned to methods of accomplishing them.

\* \* \*

**Wallace:** In the matter of having fewer people sent to prisons, I think my field of activity—probation—can accomplish much more than is now being done. So can parole.

Perhaps the most vivid example is in domestic relations cases—men sent to prison for non-support of wives and children—though the same principle applies to other crimes also.

**Curran:** These cases, of course, are one of our worst headaches. Out of the 2,200 inmates at the House of Correction, 425 are in this category.

**Wallace:** And many of them wouldn't be there if probation service were more adequate. At present, my department has 21

case workers. And it has 16,000 cases. In our Criminal Division each case worker has an average of 108 cases.

Now, probation—good probation—means contact. The worker must see the people involved, get to know them, work with them. Obviously, very little of that is possible with such case loads. And without it, many of the people wind up in jail.

**Dr. Morgenstern:** A large portion of these domestic relations cases are not based on real criminality; they are based on tensions between husband and wife. Many can be solved by marriage counseling.

**Wallace:** That's part of what good probation performs. We made an important experiment recently. We took one good case worker and gave him 150 non-support cases to handle. They were the kind of cases that were on the verge: men who hadn't kept up with payments the court ordered but who, we thought, could be straightened out.

This case worker gave the men more individual attention than is normally possible to our staff. And after a few months we compared his results with the previous records of these men. Total payments, from the same men, had tripled. Which means that a considerable number of men, who would otherwise have gone to prison, were

work has failed. Now we must take advantage of the progress in science. We must utilize the sciences of psychiatry and psychology.

**Dr. Morgenstern:** Most criminals get that way because something is eating at them, inside. If we can reveal to them what that is and get them to see it in proper perspective, many so-called criminals will become normal people. But this requires many more psychiatrists, psychologists and social service people than are now provided.

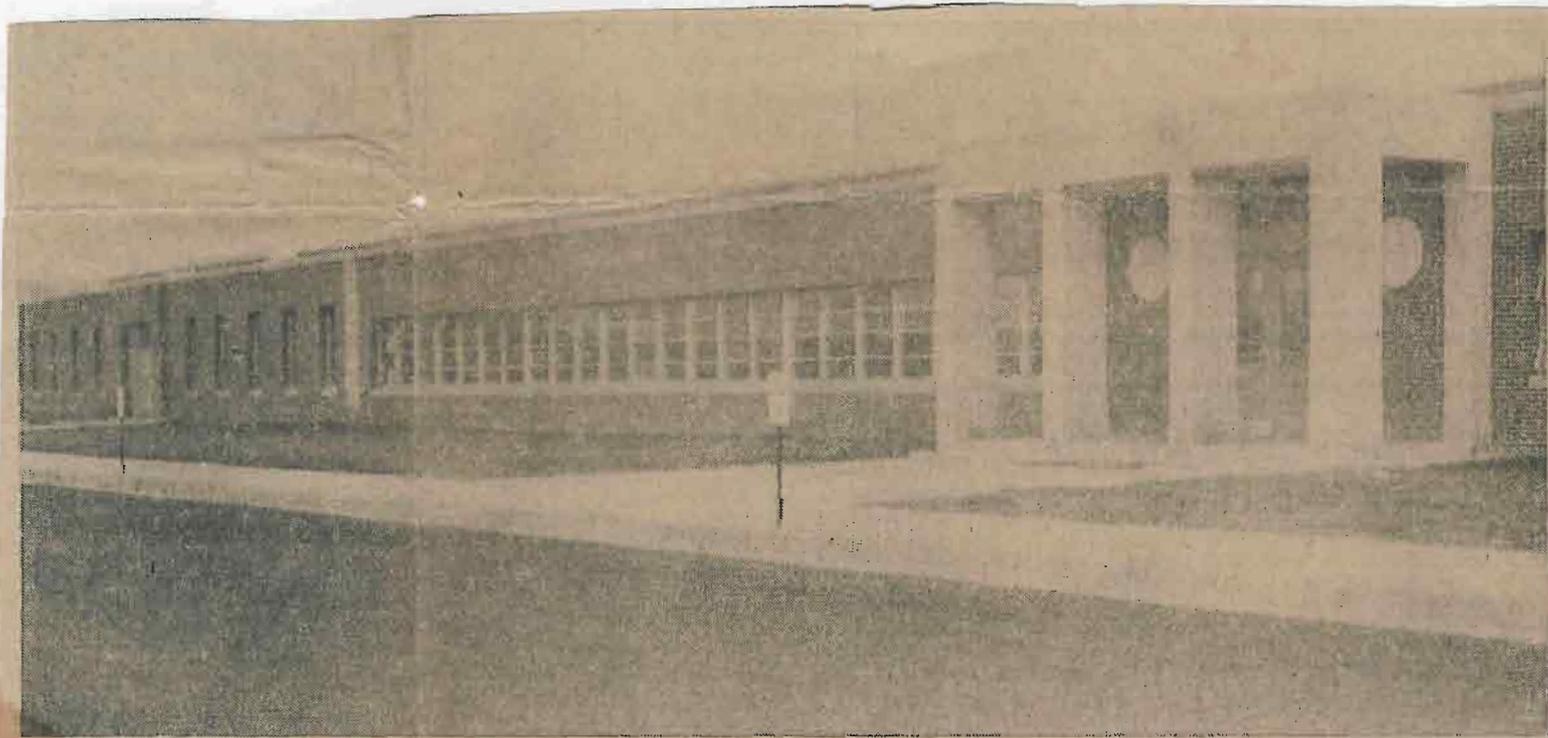
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AT THIS point, Curran and Dr. Morgenstern talked of two new institutions—one already built and the other proposed—which hold great promise.

**Dr. Morgenstern:** The institu-

tion that I head—the maximum security unit—will open as soon as I can gather a competent staff, which is difficult. It will take prisoners, men who have not yet been convicted, and people from mental institutions, who are in mental states that cause them to be dangerous. We will bring them back, whenever possible, to such states that they can be sent back. That will remove, or greatly reduce, one of the difficult problems in all these institutions.

**Curran:** And the new institution I am proposing would be for men only, and it would take those who are getting along well in the other institutions. It would segregate the prisoners who are good bets for rehabilitation; remove them from the worse environment; give us a better chance to send them out as decent citizens.



**MAXIMUM SECURITY HOSPITAL BUILDING** — This is the \$2,900,000 Maximum Security Hospital, one of six in the country, located on Dorsey Run road, Jessups. It is a long, low two story structure of brick and concrete, capable of handling 300 mental patients.

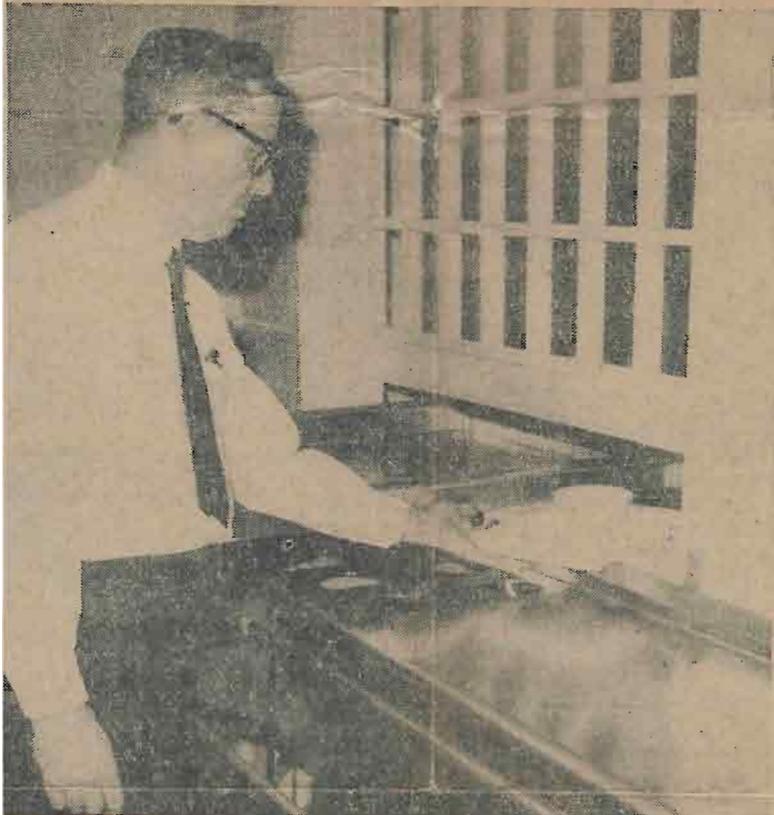
# Maximum Security Hospital At Jessup First Of Kind In State; One Of Only Six In Nation

The  TIMES  
*In The Heart of Maryland*

January, Wednesday 20, 1960



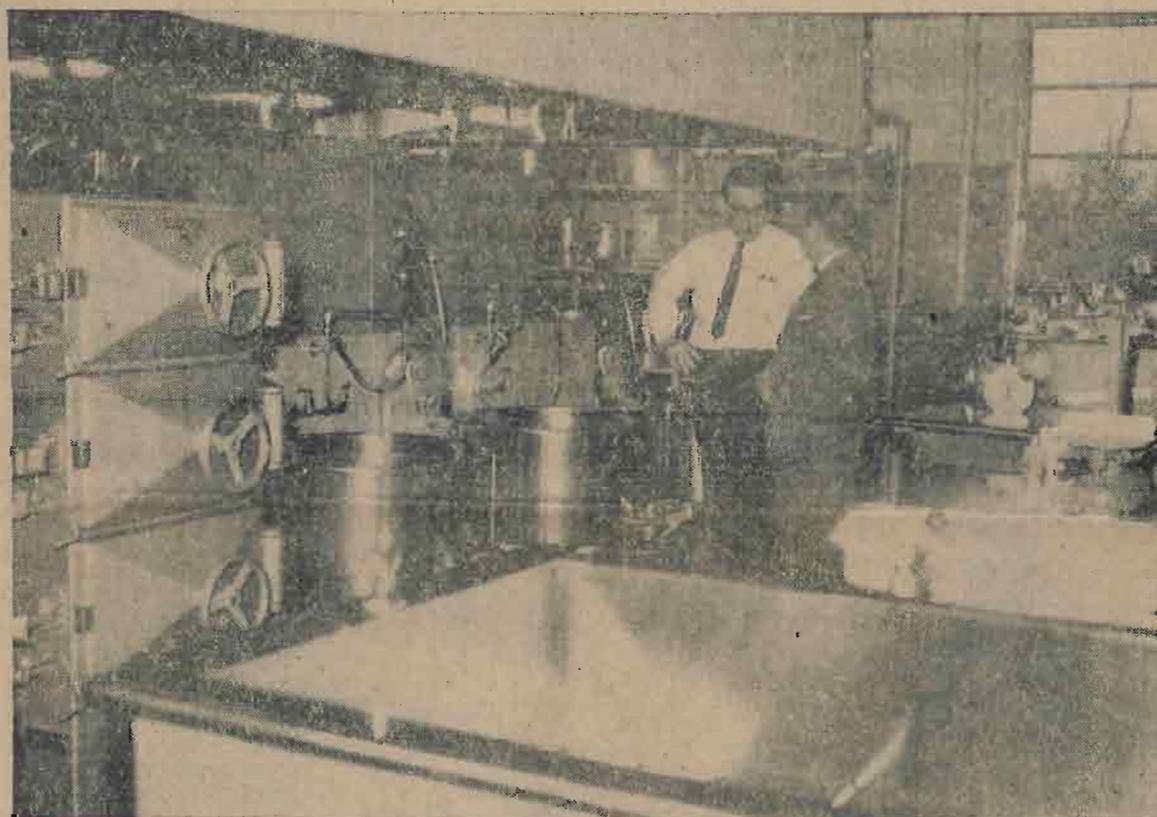
MS CELL BLOCK — This is one side of the Maximum Security Hospital security cell block, which will be able to handle a total of 32 patients. Irving R. Schaefer is shown making a last check before patients arrive.



**FOOD DELIVERY** — Eugene Cooper, food product manager, demonstrates the method of passing food from the kitchen to the patient. There is no chance of a patient coming in contact with any kitchen utensils, and all items given out to patients are counted on their return.



**ALERTING SYSTEM** — Jacob Morgenstern is shown at the emergency phone panel. One is police, the other is fire, both on a direct line hook up for any emergency which might arise.



**MODERN KITCHEN** — This is the Modern Kitchen at MSH. Allen Dennis, business manager, and E. Cooper are shown looking things over after final preparations for opening day.

## Photo - Story By

Paul Howe

Tuesday, January 12, saw the opening of a new 300 bed mental hospital located on Dorsey Run road, Jessups. This hospital was built by the State at an approximate cost of \$2,900,000. Its purpose is to cure rather than penalize mental patients, of a dangerous nature, from other penal institutions as well as regular commitments. Temporarily it has been named Maximum Security Hospital, but Superintendent Jacob Morgenstern said he hopes it will be named after some important person, primarily for psychological reasons. The idea for such an institution was originated by the late Dr. Perkins and the principles of design were worked out by a committee of the Department of Mental Hygiene.

At present, the Maximum Security Hospital will handle only patients from Crownsville and Spring Grove until adequate funds can be provided for full operation. The staff now consists of Superintendent Jacob Morgenstern, Dr. John M. Hamilton, senior psychiatrist; Dr. Wilfred R. Freinik, staff psychiatrist, and Ralph Oropollo, staff psychologist. There will be a total of 168 persons employed when operations are in full swing, with staff living quarters in a separate building.

The intended purpose for MSH is to handle only the maximum security patients of four basic classes.

1-Persons serving time who have become mentally sick and are in need of care.

2-Regular commitments of persons who have not actually committed a crime but because of a mental condition might become dangerous to the community and are in need of a maximum security setup.

3-Court commitments that have been tried and found not guilty by reason of a mental condition.

4-Pre-trial examination for persons awaiting trial to determine whether this person at the time of an alleged offense might have been legally insane and also to determine if they are presently capable of standing trial. These patients are examined and observed for a period of two to three weeks. Persons found able to stand trial are returned to the hospital until such time as they can stand trial or permission is obtained from the court for further rehabilitation.

Once a patient is well enough that he is no longer considered a maximum security patient he is transferred to a regular mental institution where he can be adjusted to everyday living. It is also hoped MSH will be able to do research and training.

This is the first and only MSH of its kind in the State of Maryland and there are just 5 others in the country. It is very well equipped incorporating many unique features, all therapeutically designed for the interest of the patient. "Built to be escape-proof", Dr. Morgenstern stated, "the patient will concentrate on getting well to obtain freedom rather than escaping by force."

Such precautions as no matches (cigarettes will be lit by attendants in restricted smoking areas), no knife or fork until after observation periods, all possible exits are blocked by double doors automatically controlled so only one can be opened at anytime, fire proof construction, unbreakable metal sinks and wash bowls, plates, cups, etc., an alarm system whereby any telephone removed from its rocker must be answered immediately or it is automatically recognized as an alert. There are two "direct hook up" phones, one for fire, the other for police. They ring in the Jessups fire house or Waterloo police barracks when picked up. There is also a phone at every entrance and exit to the recreation area which runs the full length of the building and is surrounded by a sixteen foot smooth concrete wall.

The hospital can be compared to a small town, having its own barber shop, dentistry, x-ray, morgue, laboratory, pharmacy, auditorium, recreation room for each ward, two cafeterias, treatment rooms, autopsy room, sterilization room, infirmary, conference rooms, plus record and office space.

There is ample room for each patient. For proper treatment the patient must be kept active and extreme care is taken in selection of activities. No material can be used that could be turned into a tool or weapon. Standard uniforms will be used, every item in contact with the patient will be counted and shoes will be among the items checked in at night in an effort to discourage a "break". All visitors will be required to deposit all personal possessions in lockers before visiting patients. A canteen service will be provided and relatives may send money in care of the supervisor for minor luxuries.

Dr. Morgenstern stated the patients at MSH are sick of mind and like any other disease, with proper care and treatment, this can be cured.

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## **CLIFTON T. PERKINS STATE HOSPITAL**

President—Florence Smith  
Vice President—Elizabeth Patterson  
Secretary—Elinor Engelhaupt  
Treasurer—Selma Solloway

On Thursday evening, November 2nd, a farewell dinner was given for Dr. and Mrs. Jacob Morgenstern at the hospital. Dr. Morgenstern has served as Superintendent since the opening of the hospital in January 1960. He requested that he be relieved of the duties of Superintendent

so that he could serve as Senior Psychiatrist on the staff of the Eastern Shore State Hospital and devote the bulk of his time to treating patients.

Mrs. Morgenstern has served as Laboratory Technician Supervisor since the opening of the hospital and will serve in the same position at the Eastern Shore State Hospital.

The dinner was well attended by members of the hospital staff and the Department of Mental Hygiene, representatives of the other State hospitals, the Maryland House of Correction and the Reformatory for Women, as well as many of Dr. and Mrs. Morgenstern's personal friends and acquaintances. The Morgensterns were presented with a going-away gift of two pieces of matching luggage as a token of the esteem and appreciation of the staff.

Dr. Morgenstern will be succeeded as Superintendent by Dr. William G. Cushard, who was formerly Clinical Director of Branch III of St. Elizabeth's Hospital in Washington, D. C., which includes the John Howard Pavilion, a maximum security unit. Dr. Cushard assumed his duties as Superintendent of the Clifton T. Perkins State Hospital on November 6th.